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## THE OUT-PATIENT DEPARTMENT AS A FIELD FOR NURSING EDUCATION

BY MARY B. HULSIZER, R.N., A.M.

IN the autumn of 1921, Cornell University Medical College reorganized its long established teaching clinic as a pay clinic, aimed to provide self-supporting individuals of moderate means with a high grade of medical service.

By the spring of 1922, a large public response to the opportunity thus offered was evident and the future of the pay clinic seemed assured. It was the desire of both college authorities and the Committee on Dispensary Development that every possible use be made of the facilities of the Clinic for educational purposes, not only in the training of medical students, but for the education of men and women in dispensary administration, and in those phases of nursing and social work in which an out-patient clinic provides instructive material. It was believed that such an educational use of the Clinic would improve the service to the patient as well as meet an active demand for personnel trained along these lines. The Committee on Dispensary Development

agreed to make, in behalf of Cornell, a detailed study of such educational possibilities of the Clinic with a view to drawing up a plan of action. The nursing service in the Clinic is one important part of this study.

*SERVICE to humanity should foster true human sympathy, while education joined with scientific research should have a potent influence of high intellectual worth upon the clinic personnel.*

The author of this paper, under the general direction of Michael M. Davis, Jr., Executive Secretary of the Committee, and with the aid, as consultants, of S. Lillian Clayton, M. A. Nutting, and Annie W. Goodrich, undertook the work. A large part of the report

necessarily related to details, of interest only to the authorities of the Cornell Clinic, but certain facts and principles appeared of general interest to nursing educators.

The out-patient department or dispensary has been, at least until very recently, a neglected part of hospital work, and as regards the training of nurses, very little use has been made of it. It seems well to call to the attention of the nursing profession, and in particular to nursing educators,

those portions of the study which bear upon the importance of the out-patient department as a field for nursing education.

The out-patient clinic is organized primarily for the benefit of its clientele. Service to humanity should foster true human sympathy, while education joined with scientific research should have a potent influence of high intellectual worth upon the clinic personnel. In maintaining a clinic, the practice of medicine and of social service which come into such intimate relationship should fuse into an harmonious whole—thus accomplishing the full measure of its usefulness. It is important also that its programme be a link of the entire public health movement. What opportunities, then, are there for the education of the student nurse, both graduate and undergraduate, in such an organization? The answer to this question may be found in:

- 1 Technical experience.
- 2 Nursing knowledge derived from the various clinic specialties.
- 3 The study of the social aspects of nursing education.

That basic technical training fundamental to the education of every properly trained nurse will have been acquired for the most part during the hospital period. There are, however, certain well defined skills peculiar to the various clinic specialties in which, unless the field covered by the hospital has been all inclusive, the nurse will have gained little or no practical experience, such, for example, as the dispensary methods in the skin, X-ray therapy, nose and throat, eye and ear clinics. There might be diagnostic practices and

treatments with which the nurses might not be very familiar.

Besides these procedures in which the nurse may have received little or no actual training, there are certain phases of the work of the general medical and surgical clinics which are seldom seen in institutions, as they do not require hospital care,—such as digestive disorders, glandular and nervous disturbances, common colds, many chronic and minor surgical conditions, as well as certain postural defects, to give but a few illustrations. Another example which may be cited is the supervision given to convalescent orthopedic patients after discharge from the hospital—a situation necessitating the correlation of the hospital with the clinic treatment.

Along with the further development of technical skills made possible by the very nature of the out-patient department, the nurse should gain an understanding and knowledge of disease and injury, sickness prevention, and public health promotion which would enable her to see the patients in relation to environmental conditions in a way that is seldom afforded in the hospital. These are the great opportunities in the out-patient department for the nurse. The atmosphere of the clinic is inherently more conducive to the health idea than is that of the hospital where the emphasis is mainly curative.

Thus the very nature of the out-patient department should imbue the student nurse with a sound point of view toward the whole health movement, including its social background. The social aspects of the dispensary are almost as varied as humanity itself. By studying under competent direction the problems which the patients present, the

nurse should become more fully aware of the causes and of the social and economic significance of disease. Through the clinic relationships with the outside social agencies, she should gain a true perspective of the importance of health in the social fabric. She would get a more vivid and real picture of the patient, as a person, in the dispensary. She sees him in his own clothes, with his friends (probably), and with some of his social environment still clinging to him. In the hospital, after he is divested of his clothes and put in bed, he seems a different person and it is harder to visualize him in his own social setting.

The graduate as well as the under-graduate nurse might be benefited by this experience and study. There would be a field for the graduate nurse who desires to specialize in nursing administration, in executive management, and in supervision of nursing in clinics. Since every graduate nurse has a responsibility to the public in regard to health education, no matter in what field of nursing she may be engaged, the clinic experience would be invaluable for the nurse who had not had the opportunity to study the social phases of public health. The graduate nurse might be more fully prepared by this training in the clinic for school, industrial, child welfare, and other branches of public health nursing. She would have gained, beside, additional knowledge of minor diseases and of the principles underlying their treatment. By definite affiliations this experience might be used to supplement the education of

under-graduate nurses who are in hospitals where there is no dispensary service.

The carrying out of any such program in connection with the training school of an established hospital would require considerable modification of the usual curriculum of the undergraduate nurse; the effectiveness of the educational work in the out-patient clinic would depend not only upon the interest and intellectual grasp of the educational directors and instructors, but even more upon the spirit and coöperation of the whole clinic force,—the medical service, the administrative service, the nursing and the social service. Close correlation must necessarily be maintained with training for social service in connection with the educative work for the nurse in the out-patient department.

So little has thus far been done in a practical way to utilize the out-patient department in connection with the training of nurses to anything like its full educational possibilities that the whole matter must be regarded for the present as a field for experimentation. It is a field in which experiment is greatly needed.

Superintendents, educational directors and instructors of training schools of the country are urged to consider this phase of nursing education carefully and to take such immediate steps, as may be practicable, to utilize more fully the vast educational possibilities of the out-patient department in connection with the existing systems of graduate and undergraduate training.

## THE PRIVATE DUTY NURSE<sup>1</sup>

By HELEN F. HANSEN, A.B., R.N.

SO much prominence has been given to institutional and public health work of all kinds at the state associations, and in the nursing journals during the last few years, that at first thought, it would seem either that interest is being lost in private duty nursing, or that there has been no advancement in its progress. This is, however, not true; although progress has been more noticeable in some parts of the country than others.

For a great many years no one thought of private nursing as of any kind other than of twenty-four hour duty, but this has gradually become a thing of the past, especially for hospitals, in most of our eastern cities, and in many of the western cities. Even many years before this became prevalent throughout New York City, such well known hospitals as the Presbyterian, St. Luke's, and Mt. Sinai had done away with twenty-four hour service for private duty nurses.

The reasons for this change have been based upon the benefits derived therefrom by the patient, the hospital, and the nurse.

Let us first consider the welfare of the patient. A very ill person requires the constant attention of an alert nurse both day and night. Such a patient in a private room needs to have two nurses more than does one in a ward, for here a nurse is always present who can watch the patient's needs and condition much more carefully than if that patient were in a private room without nurses.

The only objection to twelve-hour duty seems to be the expense to the patient. If a patient can afford the expense of a private room, that patient can usually afford proper nursing care, otherwise a few days of skilled nursing care both day and night in a semi-private room would be of more benefit to the patient during the time he is desperately ill, than would be the seclusion of a private room with a nurse on twenty-four duty. If a nurse does not obtain six hours sleep during the night, the hospital theoretically relieves her for six hours during the day. Everyone knows how that works out in practice. If the patient is so sick during the night that the nurse does not obtain much sleep, it means that she must usually shorten her regular hours off duty rather than obtain extra ones. While the nurse is away, one of the relatives usually stays with the patient. If the patient is very ill, this is entirely too long for him to go with the amount of nursing that floor nurses are usually able to give during this time.

When a patient is not in need of much attention during the night it is to his advantage to have a day nurse, and have floor care at night unless he can afford to have two nurses. During the recuperating period a patient will be able to receive much more comfort from a nurse during the afternoon than he would from a twenty-four hour duty nurse at night. A nurse gets up to fill a hot water bottle, to give the patient a drink, to pull up a blanket, or perform some other trivial act which could be attended to just as efficiently by a nurse caring for other patients.

<sup>1</sup> Read at the seventeenth annual meeting of the Nebraska State Nurses' Association, Omaha, October 31, 1922.

A nurse who has spent the night away from the hospital, comes back alert, bright, and ready for work, thus bringing new hope and confidence to the one for whom she is caring. She, too, on account of a proper night's rest, is well fitted to expend real energy in doing the routine work, as well as in aiding to stimulate her patient with optimism and courage.

An ill person rests much better at night when there is not a second individual sleeping in the room. Oftentimes a patient who is nervous, and most sick people are, is disturbed by the heavy breathing, or by some movement of the nurse, and is kept awake for hours.

The second reason for allowing only twelve-hour nursing in hospitals is for the sake of the hospital itself. The hospital is a public place whose business it is to care for the sick in an adequate manner. Whenever a private bath and dressing room are not provided in connection with the patient's room, the nurse must go through the corridors at various times during the night, meet doctors and porters in the halls, and doctors may call upon her patient. The very fact that she is in night attire is demoralizing to the hospital, and often causes a very wrong impression to be entertained by the public.

In all kinds of industries hours are regulated and precautions taken that no one shall fall asleep at his post and thus endanger the lives of others. Should hospitals be less responsible for the lives that are at stake there and depend upon a nurse to immediately detect hemorrhage or sudden changes in the patient's condition when she is going without the proper amount of sleep?

The welfare of the nurse must not

be considered least in this question, not only for her own sake but also for the sake of her future service to others. Many of these reasons may seem trivial but they are of great importance to the nurse and her patient.

Not only is a nurse's rest broken at night by serving her patient but also often, by an improper place to rest. The cots provided are usually very narrow, and are often too short for the comfort of the nurse. What is still more disagreeable than this is the unsanitary condition of the cots. Storing them under the patient's bed prevents free passage of air about the patient's bed, and lack of proper daily care of the nurse's bed and bedding. This arrangement is particularly obnoxious under conditions which are frequently present when a patient is helpless, or when there is drainage. Then, too, a patient may not approve of plenty of fresh air at night and thus deprive the nurse of a proper amount for herself.

It could hardly be expected that a nurse under these conditions could appear as bright and eager for the day's work as if she had spent the night away from the hospital, and it is well recognized that the cheerfulness and vivacity of the nurse are very important factors in the patient's recovery.

Not least among the makeshifts a twenty-four hour nurse must endure are little or no privacy in dressing, and very poor facilities for bathing.

Many nurses in the last few years have been giving up private duty nursing for other kinds of work, their main reason being that they cannot stand continued broken rest.

One often hears it said that a nurse's working life is ten years. There is

absolutely no reason why this should be true of nursing more than of any other profession. Hospitals are spending a great deal of money for their education, and instructors and supervisors are exercising patience and ability that every opportunity for perfecting themselves may be given. These girls leave the hospital energetic, skillful, and full of enthusiasm for their chosen profession. Does it not seem then that the result

of this work is too precious to be sacrificed for pecuniary reasons and that this enthusiasm and efficiency are too precious to be allowed to become dull? Does it not rather seem that every effort should be made to conserve the energy of those women and to lengthen their working lives that they may continue to minister to the needs of others and be of ever increasing service to the public?

## SOME METHODS IN TEACHING MATERIA MEDICA

BY LOIS C. SPRAKER, A.B., R.N.

THE purposes for which *Materia Medica* is taught, are so familiar to any who may be interested enough in the subject to read this article, that they need not be dwelt upon here. But the methods by which these purposes may be accomplished are matters upon which each instructor may have an opinion.

The principles of teaching which are so emphasized in the preparation of a teacher for our public schools, must not be ignored by instructors in a training school, simply because they are dealing with students who have graduated from high school. Interest, attention, cooperation, the stimulation of observation, are all necessary factors in any class room.

For this reason, if for no other, and there are others, it seems unnecessary to conduct *Materia Medica* classes by the lecture method, when there are such good text books as Dr. Blumgarten's *Materia Medica for Nurses*, for example, from which the student may get her foundation of the subject matter,

and to which the instructor may add as opportunity offers. When class after class is taken up by the lecture of an instructor, the students' interest and receptivity are too frequently passive. Because they have given nothing to the lesson, because nothing has been required of them except the taking of notes, they do not finish the course as thoroughly saturated with the subject as they would have done, had they been expected to present material for discussion. In schools where text books of *Materia Medica* are not placed in the students' hands, it will be necessary for the instructor to present most of the subject matter. In that case, every second or third lesson should be given over to a review of material already studied, since in that way, only, does the class make itself responsible for every lesson. No matter how conscientious a student may be, she is inclined to leave most of her studying until just before the examination, if she is not expected to be prepared for each class period.

When trying to get from the students

the material they have studied, it is well to present concrete examples as seen in the hospital. For instance: a student reports to a head nurse that she believes a certain patient who is on the Alonso-Clark treatment for peritonitis is showing symptoms of poisoning. What reasons would she give for her opinion? What would be the treatment? Or, a man is brought into the accident ward, suffering from acute morphine poisoning. What are his symptoms? What treatment may be applied?

It is well to assign a certain amount of outside reading for each lesson, if reference books are obtainable, and to require notes to be taken on the material read. W. A. Bastedo's *Materia Medica, Pharmacology and Therapeutics* and Sollman's *Text Book of Pharmacology* make rich additions to text book material. Note taking may seem an antiquated method to some, but it is a means of learning whether work assigned has been covered, and it gives the student a source of easy reference.

In order to create and sustain interest in *Materia Medica*, material from all related subjects must be brought to the class to clarify and emphasize material being taught. When certain drugs are studied, the anatomy and physiology of the parts of the body affected by them should be reviewed; the diseased conditions frequently met with in that organ or tissue should be considered, and the pathological condition to be found there can be described by the instructor. Chemistry, Anatomy, Physiology, and Medical Diseases can all be brought in to make the *Materia Medica* course richer.

Several times during the course, it is very worth while to have case reports given, perhaps one oral and one written. The patient discussed should be a medical case and one who receives considerable medication and treatment. The report should include the patient's complaint, that part of the history and physical examination bearing on his condition, the diagnosis, the medication, the treatment, and the prognosis. These case reports have proved to be of great value in making the administration of medicines more real and their actions more apparent. They are best given by the students as they stand before the class, without notes. They are also valuable in helping to form the students' vocabulary; they talk more scientifically and with more ease and understanding after they have familiarized themselves with a patient's history and chart.

A method of conducting the class which has met with success in some instances is to have the students in turn prepare to teach a lesson. After the student teacher has brought out the points she considers the most important, the instructor leads the discussion on those phases of the subject matter which were omitted or which need particular emphasis. Such a method should be preceded by considering with the class the best means of presenting material, of asking questions, of arousing interest, and of holding attention.

Another group elected a secretary for a week at a time, and she recorded the material presented in class. At the beginning of each lesson the minutes were read, and thus the class began with a comprehensive review of the former lesson. In this way, also, gaps or

inaccuracies of expression which had not been noticed in the interest of the class period itself, were filled in or corrected.

Frequently, in order to produce a deeper impression, it is necessary to have the class prepare material not always related to the lesson of the day. Each student may be required to prepare on successive days, a one-minute talk on the slowest acting drug, the quickest acting drug, or the one used most commonly on her ward, giving the source, the method of administration, the effects, and the uses. Also, lists of the most potent drugs, and those commonly found in every home can be prepared.

Whenever possible, subject matter should be made more clear by the use of charts or free hand drawings. Miss Parker has some particularly useful diagrams in her *Materia Medica and Therapeutics*, which the instructor can put on the board as she talks. They frequently emphasize a point or make perceptible an action upon which much of the lesson depends. During the review lessons, it seems very practical to have the students make a chart of the effects on the various organs and tissues. The exact manner of representation can be left to the ingenuity of the individual student, but the general idea is to represent the various organs diagrammatically, as nearly as possible in their proper relation to each other anatomically, and beside them to write the most important drugs affecting each. The preparation for and completion of such a task would help to permanently fix in mind these drugs and the parts they affect.

Whenever an opportunity offers, it is well to introduce problems into the

lessons, as it seems impossible to give students too much practice in this line. The administration of a certain number of grains from a bottle marked .67 gm =  $\text{z}\frac{1}{2}$ , as of urotropin, or from a stock solution, as a 25% solution of magnesium sulphate, and the making of a weak solution from a strong, seem to involve the most difficult principles for the students to master.

To round out the course, it has been found very impressive to have a pharmacologist demonstrate the action of stimulants and depressants on a dog. The actual visualizing of the effects of stimulating the vagus by an electric current and by the injection of digitalis; of depressing the vagus by the inhalation of amyl nitrite and then the effect of severing it; the effect of pilocarpine and the counter-effect of atropine, and the action of strychnine leave an ineradicable impression.

Not all the methods herein described can be used with any one class. The number of hours given the subject, the mental ability of the students in the class, the amount of time they have for preparation, the use of a text book or lectures by an instructor, are all factors which must be considered in the preparation of a course in *Materia Medica*. The important points to keep in mind are: to make the subject as clear as possible; to correlate the work with other subjects whenever the opportunity offers; to bring material from the wards to the class room; to make use of the nurses' experience and observation in order that the subject may be practical; and to require as much preparation from the students as is commensurate with their free time and their preparation for other subjects.

## AN EVENING TO REMEMBER

BY SALLIE CALKINS WOOD, B.A., R.N.

(Notes on the Formal Opening of the Central Administration Building of the Henry Street Visiting Nurse Service, 99 Park Avenue, New York City, January 12, 1923.)

THERE were low bowls of roses in front of the fire-place, and high vases of freesia. In the soft lamplight the assembly hall, comfortably square, with its beamed ceiling, had somehow the look of home. It looked as if here people must meet who liked each other, who could laugh together as well as talk about the things which lay nearest to their hearts. The room did not have that empty look of being completely new. It looked as if the old memories of Henry Street had already trooped in and were there to welcome the friends who came that night.

It was an evening for the friends of Henry Street. Not all its friends could be included in the moderate sized room, but the distinguished and powerful men and women who had made possible by their support the remarkable development of its service gathered to dedicate a new part of it and pledge their own interest again. Sometimes it has been a burden to the nursing profession to feel its inevitable dependence on boards of laymen but the nurses there that night could only feel that their work was enriched by those who gave to it such careful understanding and deep personal feeling. There was very deep feeling in the talk. Personal memories, like the sorrow which an old lady with dark eyes and frail silver hair had for her husband who died a year ago; and like the memories of the early struggles when the top floor of a tenement was the headquarters of a nursing service of two,—were lost in the wide pur-

pose of serving humanity. Officially this was the formal opening of the new Administration Building, given to the Henry Street Nursing Service by Mrs. Jacob H. Schiff in memory of her husband. Really it was the meeting of a group of friends, of those who had the strongest bond of friendship, a mutual ideal. Speaking was interrupted by affectionate joking about each other. Instead of sitting in front of a platform they sat in front of a fireplace.

Paul D. Cravath who presided like a host who has a special smile for each member of the company, spoke first of visiting nurses. Since the building was theirs they had a right to the first word. He considered that the visiting nurse had become a national institution and that her work was one of the most marvelous social achievements of the century. Next he spoke of Miss Wald from whose lonely labors the Henry Street Nursing Service began and who had fostered it until, instead of two, there were two hundred and fifty nurses with equipment and methods no one would have dreamed of thirty years ago. He compared her with St. Francis and described the beautiful chapel which was built over his humble shrine.

But this building enshrines the house on Henry Street better than Anais does St. Francis' shrine, he said, for Henry Street is here, is everywhere. Besides it was five hundred years before a grateful world erected a church over the humble oratory of St. Francis, and this temple is built by Miss Wald's own generation.

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NOTABLE WOMEN WHO HAVE CONTRIBUTED TO THE SUCCESS OF HENRY STUART

Left to right: Annie W. Goodrich, Jane E. Hitchcock, Georgiana B. Judson, M. Adelaide Nutting, Henrietta Van Cleft, Rebecca Shatz, Mary Magoun Brown, Lavinia L. Dock, Elizabeth A. Frank, Lillian D. Wald.

The building itself, which was open that night for inspection as well as the afternoons of the four days following, was explained by Felix Warburg, chairman of the Building Committee. The great call for it was the growth of the nursing service into many up-town branches as far away as the Bronx, so that Henry Street was no longer a central headquarters. Beside the advantage of central offices, lecture room, demonstration room, library and lunch room, the building also houses adequately Henry Street's valuable mass of records which are now available to students of medical and nursing statistics. "To get all these manifold activities into this frame," the architect united two old houses. "Mr. Schiff always loved that a thing should be dignified," said the speaker, "and I think the building is dignified in every detail." He hoped that it was worthy of the name it carried and of the nurses. "To be worthy of its sweet donor is quite a task," and the speaker turned to the little white haired lady sitting far back in her chair. "Instead of this beautiful assembly tonight," he said, "I wish you could see the nurses here in the afternoon, eager to get the instruction which they receive," and, adding a phrase of understanding, "some of them looking tired after their day's work."

When the building had been described and the preliminaries were over came the unusual honor of the evening, the Governor's speech. The Governor's convention-storming voice was lowered in that small room for the intimate audience, as he told of his long friendship for Mr. Schiff and his pleasure that his friend's memorial should be in the form of an increase in the facilities of

Henry Street, which was in "the heart and center" of his own Assembly district and so well known to him. He said that anyone could see now the value of Henry Street, but Mr. Schiff's interest in it dated from its earliest days and "it took a courageous heart and a brilliant mind to see ahead of time that it was going to be a success." He said also that the outgrowth of private endeavor, like a visiting nurse service, had now come to be recognized as a public necessity. For some it was significant that Governor Smith was there as a tribute to his friend; for others, that such a high official should attend a function in the interest of nursing; and for others, it was most interesting that a former East Side boy should help to launch a new project of the nursing service which is caring for so many East Side boys of this generation.

Stephen B. Duggan, director of the Institute of International Education, followed the Governor by praising the work of the American trained nurse in other countries. He reminded the audience that when the Queen of Belgium visited the United States she left the request that two young women of her country be sent to Teachers College to take the Public Health Course in connection with Henry Street. The Queen of Roumania has also sent two girls here. "The international diplomacy of our government has not always been successful," said Professor Duggan. The best link between nations is service and no form of service is more important than the one nurses give. "If dozens of young women could come to this country to study this splendid activity and then go back and practice it in their own, they would be better

carriers of international goodwill than any diplomat could ever be."

Few speakers can be placed on a program after the Governor of a state, who happens also to be a popular idol, and hold the interest of an audience, but all nurses know that Miss Goodrich is among that number. She began with a beautiful phrase, full of meaning, "the key of the street," quoting the saying that Dickens had that key, if ever man did, Dickens the interpreter of the poor, the crushed, the warped, the crowds who swarm up and down between tenements. Miss Wald, she said, possessed the master key of the street, having earned it first through contact with all races and conditions of people in the wards of a great hospital. These peoples' steps have ceaselessly passed and re-passed through the House on Henry Street and in imagination one can hear them passing through this building too. Within five years this staff of at no time more than 200 have cared for something over 196,000 cases. The gratitude of the people is often apparent even on the nurses' brief reports. Never once has mention been made of the perils the nurses go through. Last year 1200 new citizens were welcomed by these ministrants, more than half of them at night." Miss Goodrich paid tribute to Miss Wald who had long dreamed of a building such as this and for whom all the work of Henry Street is "the child of her mind and heart." She also named all the brilliant group of nurses who had been associated with her in developing the service and closed with one of her favorite themes, "For a long time this country will be motivated by the word democracy. Born of democracy is the increasing army of health

workers. Press forward, for in you is incarnated the universal brotherhood of man."

With this high note the preliminary addresses ended and the actual presentation of the building took place. Mortimer L. Schiff spoke for his mother with fine simplicity. He said that it was almost thirty years ago when Miss Wald first came to his grandmother and father with this ideal of district nursing and he knew of no ideal which had resolved into such results as this one. It was natural, then, to think of embodying his father's love of mankind in a building to carry on the work. "This building," he said, "does not mean to our mother and to us, her children, a structure of brick and mortar. \* \* \* It is dedicated to service, to suffering humanity, and we know, Miss Wald, that in your hands and those of your associates the ideals which it represents will be cherished and its mission fulfilled."

Mr. Cravath then rose and said, "The introduction of the next speaker will be very simple,—Miss Wald." Miss Wald spoke first of "all the loyalty and love and toleration" that had gone into the past thirty years and said her memory was not dim for the experiences that had first made her go to Mr. Schiff and Mrs. Loeb. Her own ardor did not seem to have grown dim either, for it gave the impression of being just as young and forward-looking as one can imagine it was on that far off day when she unfolded her plan to them. The circle of those who felt that the venture should be tried "soon widened with other people and that circle, as it has grown and widened, has never broken, a circle that has

comprised people of all religious faiths and of all nationalities who have given evidence that there is inherent in the human heart that single passion for humanity." In speaking of the extent of the work she said, "In the north and south of China, in the Philippines, in Hawaii, in Italy, in Japan and all the states of our country, there are women who call themselves Henry Street nurses because they believe, in their generosity, that something was given to them here that will help them wherever they may be at work." Miss Goodrich she called "our gallant leader" and Miss Wald said there was "no limit to her ambitions." Then, turning to Mrs. Schiff, she said, "This beautiful house and its beautiful furnish-

ings \* \* \* is immeasurably enhanced because it comes through you in memory of our dear friend, \* \* \* and in memory too of those who have built the place, helped develop its conception, thought of it, labored over it. \* \* \* We can say of them as the poet has said, 'Such service doth outlive the set of sun, which men call death.'"

The very heart of the building may be found in the inscription over the fireplace which was written by Jane Addams:

This Building is Given in Memory of Jacob Schiff by Therese, His Wife, and Is Dedicated to the Cause of Public Health Nursing Which He Long Fostered for Love of Progressive Education, Civic Righteousness and Merciful Ministration.



#### READY FOR THE DAY'S WORK

#### A MENTAL HYGIENE CLINIC

A year's Survey of Cincinnati by the National Committee for Mental Hygiene revealed:

That two out of every three children coming before the Juvenile Court are mental cases.

That 75 per cent of the inmates of the jail are mentally abnormal.

That three out of every four adults applying to the social agencies for relief, or being cared for in dependency institutions, are people suffering from some mental disability.

That 13 out of every 100 children in the public schools are not in normal mental health.

As a result of these findings a Central Mental Hygiene Clinic is being established by the Community Chest in cooperation with the College of Medicine to serve the social agencies, Juvenile Court, public and parochial schools, and eventually the Municipal Court.

## NUTRITION IN THE PUBLIC HEALTH PROGRAMME

By L. H. GILLET

THE whole world is astir with a realization that good health is an asset from which returns may be measured in terms of greater happiness and larger usefulness. In our own country where especial emphasis is being placed upon the value of good health, both public and private organizations are working to make every man, woman and child appreciate its importance. Doctors, nurses, and social workers, sent as delegates from other countries so that they may benefit by our experiences, take back with them such ideas as may be applied beneficially to their own respective people. Our ideals are being spread far and wide.

Because our public health workers are looked to for progressive ideas, we are constantly considering which things are fundamental so that we may develop along the lines that are most worth while.

To say that nutrition is now being recognized as one of these fundamentals is not, I feel sure, assuming too much. Nutrition, to be sure, is still in its infancy and perhaps some of the accusations that what we learn today will be questioned tomorrow may be true; but this is no more true of food than of medicine. In food as in medicine our store of knowledge is ever increasing. Recent developments in nutrition have made us feel more strongly than ever that it is indeed a waste of time to combat disease with medicine without proper attention to the diet, especially of growing children. Some say that

instinct is a safe guide, so why bother about what we eat? but when we consider the large amount of indigestion, constipation, recurrent cases, and inefficiency in general which results from ignorance or a disregard of health and dietary essentials, we are forced to respect the laws of nature with regard to nutrition. Many of the social evils, many of the problems of public and private health agencies and institutions are due to sickness which might have been prevented by attention to nutrition. The earlier in life good nutritional habits are started, the better for the individual and the more economical for the community.

A child, poorly nourished, grows to adult life physically below par with his chances for success considerably lessened. He becomes fatigued easily, he has a low vitality, little resistance to disease, his earning capacity is subnormal, he cannot compete with his strong, robust co-workers. The children of such parents are likely to be undernourished, also, and perhaps the whole family may become a public charge. They move in a vicious circle. What is the remedy? Who shall assume responsibility?

Low incomes play a part, to be sure, but good nutrition is fully as much an educational problem as a financial one. Many children in families with low incomes have been brought into splendid nutritional condition through education in the principles of good nutrition.

Nutrition is, however, so closely

related to household management and other family problems that it cannot be handled solely as a nutrition problem. In one family the income was adequate, but spent in such a way that the children were very poorly nourished and frequently absent from school. The family was also in debt, and the mother discouraged. Only through help in managing the whole family budget was she able to make both ends meet and to feed the children properly. In a short time, however, through proper handling of her money, the children were on the road to rapid recovery and the family was out of debt.

Many cases of illness are cured only temporarily because the individual does not know how to care for himself and thus avoid future attacks. The real source of many diseases—poor nutrition—is not found; consequently, it is not eliminated. Hospitals and dispensaries might be saved much time and expense if they would educate recurrent cases to establish good health habits.

Many illnesses are the result of constipation. The majority of constipation cases can be prevented by proper dietary habits, especially in childhood. Yet too many people are depending on laxatives and cathartics and the evil remains. Such people frequently become chronic invalids, suffering physically, and inconvenienced in business because of forced absences from work. A little Italian girl averaged two days a week away from her work because of headaches, dizziness, nausea, and other ill effects of constipation. At each attack she was given a cathartic, sent to bed for a day, and then returned to work, much the worse for wear, the following day. When she was persuaded to eat

vegetables twice a day, to eat coarse bread, to drink plenty of water, and to take milk instead of coffee, these attacks ceased and she became a happier, healthier girl. She was probably saved from the life of an invalid. It is quite certain that her usefulness was considerably increased. But how about those who have not been taught? How may they be reached?

No one has a better opportunity of reaching the people, of educating them in all health essentials than has the nurse. Her close relationship with the family gives her an excellent opportunity to impart information, to save the children from sickness and its resultant effects.

Through the very nature of her work the nurse can win coöperation, interest, and the support of the public for concerted action in such a vital subject just as she has won respect in her curative programme. She can teach mothers in homes, children in schools, and people in industry. She has a tremendous opportunity to mould public opinion as to the importance of good nutrition. But the training of the majority of nurses has not prepared them to cope with the need. Nurses have been taught to feed the invalid,—not the person in health, or for health. The invalid diet is planned to cure and is adjusted to an abnormal condition. It is not planned to prevent disease or recurrent cases. The nurse, in order that she may do her share in this preventive nutritional programme, should have a thorough understanding of the principles of normal nutrition and food economics.

It is not necessary, probably not possible, for a nurse to become a nutrition specialist. She can usually consult with

such a person in special cases, just as a general practitioner calls in a nose and throat specialist, or a heart specialist, or someone who has made a special study of skin diseases, for difficult cases, but she should teach every family with which she comes in contact, the elements of good nutrition, the dangers of poor nutrition and how to avoid them.

"A little learning is a dangerous thing," however. Her knowledge of general nutrition should be thorough and up to date. It cannot be gained in six lessons or in six weeks. Much harm may be done by a superficial knowledge. Now that the subject of nutrition is unfolding so rapidly, the nurse's training should teach her also how to keep informed and where to look for help when she needs it. Too much confidence in one's own ability is dangerous in nutrition. Whatever else her training may do for her, it should make her feel that

it is far wiser to say: "I don't know, but I will find out" than to appear intelligent and to give advice which may undermine health.

The nurse who goes into rural communities will be at a disadvantage because specialists in nutrition may not always be available for consultation. For her it is even more important that her training be adequate to make her understand normal nutrition. She should study her territory to find out the most convenient and reliable place to which to write for advice and information. Every public health worker should be prepared to do her share in spreading the gospel of prevention. Someone has said that "to cure is the voice of the past; to prevent, the divine whisper of today."<sup>1</sup>

<sup>1</sup> Food for the Family, an exceedingly practical bulletin on this subject, may be obtained by sending twenty-five cents to the Association for Improving the Condition of the Poor, 105 East 22 Street, New York.

## THE REPORT OF THE ROCKEFELLER FOUNDATION ON NURSING EDUCATION: A REVIEW AND CRITIQUE

BY RICHARD OLDING BEARD, M.D.  
*University of Minnesota*

(Continued from page 358, February Journal)

THE UNIVERSITY SCHOOL OF NURSING

THE Survey Report gives due recognition to the University School of Nursing, and it has nothing to say by way of criticism of its existing conditions. It declares that "for advanced training the development of the University School of Nursing has been, perhaps, the most notable feature in the progress of nursing education during

the past ten years." It further says, quoting its own words:

If its present functions be clearly understood the University School of Nursing possesses unique advantages in respect to both of the essentials for success in nursing education, to which reference has been made in a preceding paragraph. It possesses the power of independent educational leadership and is grounded on the solid foundations of educational ideals, to a degree which a training school committee, ultimately responsible

to a board of hospital trustees, can seldom hope to realize; and it is likely to obtain financial resources to a more nearly adequate extent. Furthermore, through its university contacts, the University School of Nursing has unique opportunity to attract students of the type so much needed for the fulfillment of the higher tasks in the nursing of the future.

When we come to look presently into the future of nursing education, as illuminated by the Report, we shall find something to be said about the limitations it assigns to the University school.

#### PUBLIC HEALTH NURSING

The initial purpose of the Survey was an inquiry into proper measures for the development of public health nurses, but it became apparent, very early in the investigation, that the question was so inevitably tied up with the whole problem of nursing education that it could not be fairly considered save as a part of the far greater whole. To the recognition of this fact we are indebted for the superlative values the Report contains and for the influence it is destined to have upon the course of events in nursing education in the near future.

Of the present status of public health nursing the Report says socially very much and educationally very little; possibly because there is very little, educationally, to be said of present conditions. It says some very notable things of the future trend it has to follow and of the ideals of development it has to attain; and to these literal law-givings and prophecies we shall presently return.

As I have already suggested it estimates the need of 50,000 public health nurses in America, and the available

supply at 11,000. A keener analysis, a more inclusive statement of the existing situation could hardly be made than that which follows in its own terms:

It is obvious that the public health movement has passed beyond its early objectives of community sanitation and the control of the contact-borne diseases by isolation and by the use of sera and vaccines. Major health problems of the present day, such as the control of infant mortality and tuberculosis, can be solved only through personal hygiene, through an alteration in the daily habits of the public, and through the establishment of new contacts with the public,—contacts which shall permit the applications of medical science at a stage in disease when they can produce the maximum effect. Such changes in the daily habits of the people and in their relation to their medical advisors, can be accomplished by but one means—education. In its present phase of emphasis on personal hygiene, the public health movement has thus become during the past two decades pre-eminently a campaign of popular education.

#### THE FUTURE OF NURSING EDUCATION

We may congratulate ourselves upon the broad basis which this review of the present status of nursing education gives upon which we may further and more safely build. We turn to ask of the Survey:—What of the future?

I think it will prove profitable if we consider the proposals of betterment in the Report from the ground up,—that is, if we begin at the lower rounds of the ladder of nursing education which we may presently ascend.

That brings us to the question, first of all, of a subsidiary type of nursing education and service. At the outset of its discussion of this subject, the Report suggests a difference of opinion among physicians upon this matter. It finds those who call for higher education and those who advocate lesser

training for the nurse. It does not suggest any division of judgment among nurses. Its recommendations upon this subject savor of compromise and are hedged about with precautions.

As I have already said, it disclaims an economic reason for the development of the sub-nurse. Upon a wage-basis it admits no room for any material distinction between types of nursing service. Yet it proposes the institution of "sub-nurses," with nine months training and without high school education, of whom the public cannot expect "a salary level much below that of the registered nurse," while the latter still carries a high school diploma and completes from three to five years of professional education, and would earn practically the same wage.

It finds the sole argument for the institution of the "sub-nurse" in the recognition of a distinctive service she may render, and at practically the same cost as the graduate nurse, in the care of cases of mild and chronic illness or convalescence.

One cannot help but ask wherein society is to be profited in receiving less valuable service at approximately the price of superior nursing. Apparently this will not lessen the burden of illness for those upon whom it falls most heavily.

The distinction between the two types of illness to be served severally by the graduate nurse and the "sub-nurse" is to be made, the Report suggests, by the physician; but how often is the physician not called in "mild cases"; how often does the mild case drift into the serious illness; how unexpectedly do serious and even fatal symptoms appear in convalescence; how

difficult to handle, even for the most accomplished nurse, is the chronic patient.

The Report surrounds the proposed institution of the "sub-nurse" with difficult and involved safeguards and conditions. It recognizes clearly that "the dangers of a loosely defined and unregulated group of partially trained workers, in the same field as a more highly educated type, constitute a real and serious complication." It refers to graduates of short courses who "after 48 hours' training have practiced as graduate nurses and received \$5 a day for their services." It says that the control of "sub-nurses" after graduation "is loose and unsatisfactory." So the Report proposes legislation to regulate the education and the practice of the "sub-nurse." "Furthermore," it says,

We believe that a useful development in the training of nursing aides can only be expected when the standards of the schools for such aides and their activities after graduation are controlled by a properly safeguarded system of state legislation, such as now exists in Missouri. With these assumptions we would recommend, as Conclusion 9,

THAT WHEN THE LICENSURE OF A SUBSIDIARY GRADE OF NURSING SERVICE IS PROVIDED FOR, THE ESTABLISHMENT OF TRAINING COURSES IN PREPARATION FOR SUCH SERVICE IS HIGHLY DESIRABLE; THAT SUCH COURSES SHOULD BE CONDUCTED IN SPECIAL HOSPITALS, IN SMALL UNAFFILIATED GENERAL HOSPITALS OR IN SEPARATE SECTIONS OF HOSPITALS WHERE NURSES ARE ALSO TRAINED; AND THAT THE COURSE SHOULD BE OF EIGHT OR NINE MONTHS DURATION, PROVIDING THE STANDARDS OF SUCH SCHOOLS BE APPROVED BY THE SAME EDUCATIONAL BOARD WHICH GOVERNS THE NURSING TRAINING SCHOOLS.

The Committee finally says that "the splendid professional and public service rendered by the (graduate) nurse entitles her to the protection of her existing professional status"; and so it insists that a distinctive name shall be applied to the "sub-nurse."

It does not suggest how the cost of this new form of nursing education is to be met; but it does say that "reasonable financial support must be secured before this or any other educational enterprise can be honestly undertaken." Apparently it does not realize that the "sub-nurse" will not be able to return to the hospital the value of her education in nursing service, a value which the institution certainly receives in full during the three years of the training of the regular nurse. Everybody knows that during the early months of her education the student nurse of any type does not return very much to the hospital by way of service. The training of the "sub-nurse" for a period of eight or nine months will be in large part, a free gift,—a serious tax upon the hospital or the fruit of somebody's beneficence.

There yet remains the open question of the social demand for the "sub-nurse." There is room for doubt whether anyone wants nursing service of an inferior type. And there remains the larger doubt whether the young woman of good red blood and normal ambition is to be found anywhere, in any material numbers, who wants to be a "sub" of any kind. It has not yet been demonstrated that she does.

With so clear an eye to the economics of the present nursing situation it is strange that the Committee has not realized the economic results of the in-

vasion of the nursing field by a new and inferior type. As the figures of the Report show, the graduate nurse of today is unemployed, upon an average, one-fourth of her time. The estimate is further made that over one-fourth of her time is occupied with mild, convalescent, or chronic cases which are to be assigned, theoretically, to the "sub-nurse." This done, the graduate nurse would be left without employ for more than one-half of her time. The inevitable economic deduction follows that her present wage must be increased by one-third; or that, in the proportion of one-third of her group, she must go out of business. The inevitable end result is the reduction of the registration of student nurses in hospital services just when an increase is most needed, a reduction that would spell economic disaster to the hospitals,—a deepening of the privation they have been suffering since the war. The economic shortsightedness of the proposition is astonishing.

Hardly can we dismiss the revolutionary proposal of the "sub-nurse," not original, by the way, with the Committee, without reference to the Committee's own recognition that an inferior type of nurse has always been with us. If 150,000 practical nurses still remain in the United States, why add to the mass of inferiority by the introduction of a new sort? It is one of the virtues of the practical nurse that she does not pretend to an education save in the School of Experience and Hard Knocks; that she usually recognizes her limitations; that she seeks but a lesser wage. The "sub-nurse" with her store of little knowledge will be dangerous simply because she does not know the end of her

tether. No tag will efficiently label her. No law will keep her within safe bounds. No economy will be realized, as the Report admits, in her employ. The mere fact that a certain section of the medical profession wants, or thinks it wants, a less highly trained nurse, is not enough.

#### THE DESTINY OF THE HOSPITAL SCHOOLS

A higher and more hopeful note is sounded by the Report in the survey of major hospital schools. Not only is their betterment, as we have seen, in present progress, but the Committee offers suggestions by which they may be further bettered. To its recommendations of the general adoption of the high school requirement and of the preliminary course in the basic sciences and in elementary nursing procedures we have already referred. It is proposed that the preliminary course be followed by a "period of twenty-four months devoted to a carefully graded and progressive course in the theory and practice of nursing, with lectures and ward practice so correlated as to facilitate intelligent case study, and *with the elimination of routine duties of no educational value*"; and that *"the working day for the student nurse, including ward work and class-room periods, should not exceed eight hours."* "Training school experience" it is said, "as well as that accumulated in other educational fields, makes it clear that a longer period of scheduled work for the student is incompatible either with educational attainment or with the maintenance of health."

The Report says in continuance:

By such an organization of the course of

study, and particularly by the elimination of unrewarding routine service, we are convinced that the period of training may be safely shortened from the present standard of three years to twenty-eight months. Such a saving would mean an increase of over 20 per cent in the potential output of the training schools, through the saving of time alone. The shortening of the course would, in itself, prove an attraction to the prospective student; but the main consideration to be kept in view is that the shorter course projected would not imply a lowering but a raising of educational standards.

No more vital observation is found in the whole Report than this, "It is the experience in every other field of education that the way to attract students is to raise standards, not to lower them." Slackers are to be found everywhere, but it is a part of the psychology of every student group that it seeks the best.

In conclusion, the Report maintains "that courses of this standard would be reasonably certain to attract students of high quality in increasing numbers."

Of course, the prime prerequisite of this proposal is the transfer to ward maids, in sufficient numbers, of those routine duties which are not of educational value and are now undertaken by student nurses strictly for the benefit of the hospital. To confuse the ward-maid with the "sub-nurse" would make the course for the latter extremely unpopular. *Given the elimination of educationally unprofitable service and only when and where this can be definitely done*, I should hold the shortening of the period of study not only justified by this relief, but as likely to contribute to the student's more intensive education and to a higher degree of scholarship. I have so long held that nursing education must, sooner or later, and

everywhere, be conducted for its own sake, rather than for the sake of the hospital the student of nursing serves, that I hardly need to voice my appreciation of these recommendations of the Survey.

While such a period of study, so regulated, should amply fit the student for graduation into private duty nursing, in home or in hospital, it should be quite definitely understood that it would not fit her for public health nursing, for the duties of the nursing educator, or for institutional administration.

#### THE UNIVERSITY EDUCATION OF THE NURSE

Conclusion 8 of the Rockefeller Report reads:

THAT THE DEVELOPMENT AND STRENGTHENING OF THE UNIVERSITY SCHOOLS OF NURSING IS OF FUNDAMENTAL IMPORTANCE IN THE FURTHERANCE OF NURSING EDUCATION.

"The University School of Nursing," it adds,

should be the keystone of the entire arch. It will not only train leaders and develop and standardize procedures for all other schools; it will, by its permeating influence, give inspiration and balance to the movement as a whole and gradually improve the efficiency of every institution for the training of nurses of whatever type.

The conception is a noble one and it is only to be regretted that the Committee is more or less bounded in its views of the more ordinary functions of the University School; that it does not sense the larger vision of the wide extension of the University education of the nurse that is surely to come in the near future.

It puts metes and bounds about its

field of usefulness. The University School is for the "*advanced training*" of students. It "will furnish a body of *leaders* who have the fundamental training essential in administrators, teachers and the like." "The numerical proportion of the nursing profession to be contributed by the University School will perhaps always be a *relatively small one*." "The Committee does not recommend that nursing schools in general should work toward the establishment of courses that a University would accept for a degree." All this is inspiring appreciation of the major service of the University School, but it falls short of appreciation of all the possibilities of achievement that lie in our immediate possession.

One cannot escape the inference that the Committee suffers from its own environment. Its membership, almost exclusively, lives and works in the eastern States where University atmospheres feel the barometric low pressure of conservatism and do not readily convey the electric spark of new ideas or react to the stirring winds of western progress. One cannot but wonder whether recent developments do not find the Survey, which in its main body of material is still on the press, just a little bit behind the times.

The Report refers to the five-year courses in Arts and Nursing in thirteen (it should say, sixteen) University Schools. It does not mention the fact that ten major Universities have Schools of Nursing giving, also, three-year courses, all their own. It has not surveyed sufficiently the registry of alumnae of these Schools, or it would have found that the Universities have educated a due proportion of private duty

nurses, serving in homes and hospitals,—a function to be accounted as valuable as that of graduating leaders.

It suggests the affiliation of hospitals with University Schools, if the Universities have not teaching hospitals of their own. It does not realize or, at least, it does not record, that such an association is an accomplished fact and that the possession of teaching hospitals is no bar to other alliances. Perhaps it could not then have known that a central University School, educating nurses for four major hospitals and controlling their nursing services for educational purposes, actually exists in Minnesota, or that in this year of our Lord, 1922, it will have the largest registration of any School of Nursing in America. It does not appear to have noted the similar projected development in Cleveland and Philadelphia.

The day of the University education of the nurse has only begun. What has happened and is still happening in medical education is destined to happen,—is already happening, in nursing. The major schools will become University Schools by association of their hospitals with the University for practical teaching purposes. These University Schools will gradually absorb the registration of students, because they are in a position to offer better opportunities for education. The lesser hospital schools, with steadily decreasing numbers, will gradually go out of business; their nursing

services will profitably change to the graduate type; and by applying the principle of general duty instead of special duty nursing in their wards and rooms, small groups of private patients may be successfully handled by each graduate nurse. It should be insisted upon that in the practice of this principle of subdivided hospital nursing, the patient should share in the saving the subdivided service involves equally with the hospital. The hospital must not turn from exploiting the pupil nurse to exploiting the graduate nurse to its own profit and at the expense of the patient. The patient should pay for that share only of the nursing service received. Any other system would out-Herod any alleged extravagance of charge of which any private duty nurse anywhere has ever been guilty.

To one recommendation of the Report, in the interest of the highest and broadest development of the University School of Nursing, we should give, I believe, our heartiest support. "This type of nursing school," says the Survey, "should, in the judgment of the Committee, be a separate and independent department of the University, cognate in rank and organization with the School of Medicine or the School of Law. It should have direct responsibility for all instruction given during the years of hospital training and in the post-graduate nursing year."

*(To be continued)*

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#### MUSTARD PLASTERS

Two things I have learned that make mustard plasters less disagreeable: Laying them on a hot water bag for a moment to remove the first chill, and spreading the vaseline on the contact side of the plaster instead of on the chest. The latter avoids disturbing the patient longer than is necessary, and prevents smearing the body unnecessarily.

ROSE EDNA ROOPE, California.

## "THERE OUGHT TO BE SOMETHING"

BY MINNIE GOODNOW, R.N.

WE Americans are called extravagant and wasteful, and not unjustly. We waste not only money and materials, things which can be replaced, but also life and experience, things which cannot be replaced. Mature judgment, which is the fruit of experience and only of experience, is a very valuable commodity, probably one of the most valuable in the world; yet we, with a desire to see things move, no matter in what direction nor to what end, often insist upon youth, with all its crudity, just because it sets something in rapid motion. Far be it from us to disparage youth. Everyone who thinks knows that youth's very rashness is its strength; that wherever two or three mature wisacres are gathered together to explain why a certain thing cannot be done, just around the corner is some youngster engaged in doing that identical thing. Still, there is no substitute for mature judgment, if founded upon training and experience. Why throw it away?

Only too keenly do the older nurses feel this. Only too well do they, who have skimmed the cream of private duty, who have developed a public health programme, who have formed or reformed their quota of institutions, know the bitterness of feeling that they are getting passé. If they have worked overly hard, and have borne burdens a trifle too long, the physical side of their nature may have asserted itself and some mild organic disease, some partially disabling ailment, may have developed, to preclude a longer life of strenuous endeavor.

Every one of these women feels—knows—that there is much good stuff in her yet; that she could do worthwhile, even active work if it might be at just a little slower pace and within the bounds of her slightly old-fashioned training. She rebels, and rightly, at being pushed aside for the immature youngster who learns at public and private expense. She wishes wistfully that there might be something, she feels that there *ought* to be something, into which she could put the results of her years of training, her decades of ripe experience, and out of which she could at least get a living. She even assures herself that there *are* such jobs,—if only she could find them.

Henry Ford recently made the amazing assertion: "There are more places in industry that can be filled by blind men than there are blind men. There are more places that can be filled by cripples than there are cripples." Astonishing as his statement is, you can if you choose prove for yourself the truth of it. There are factories, live, commercial, money-making concerns, that employ the blind alongside of the sighted, at a living wage, who could use more blind men and women if they could get them. There have been found over two thousand jobs which are possible for cripples, and the Institute for Crippled Men (New York) has in time past placed cripples in these jobs at the rate of two thousand a year. The Hospital Social Service Bureau of New York places many hundreds of cardiacs and other handicapped persons in industry every year. There is a live factory in

the Bronx which employs only the tubercular. Henry Ford himself employs many cripples, tuberculous, and some insane, and insists that he makes money out of them. Instances can be multiplied *ad libitum*.

If all these physically handicapped people, many of them uneducated, can earn a living, why should a nurse, who is merely tired or unequal to the strenuous life, be unable to do the same? She has back of her her technical training, her years of contact with health problems, with social problems, with personal problems. Surely there is a demand for such valuable qualities. There is; and one of the best openings is one of the newest, the field of occupational therapy.

The medical world is conservative, and when cure by occupation came into the lime-light during the World War (It was in reality a very old line of treatment), doctors, hospitals and nurses were slow to admit its value or do much toward making use of it. It therefore fell into the hands of the laity, with the result that the so-called occupational aide is usually a young and inexperienced woman, with little or no medical knowledge. Note that her name and her position are still that of "aide," even though in many instances she has developed a considerable degree of skill in the cure of disease or injury by occupation.

We have had our experience with the occupational aide and pronounce her work good; she herself realizes how much better it would be if she knew more of medicine and surgery and sickness. We wonder sometimes whether we did not begin at the wrong end, whether it would not after all be quicker

and better to train a nurse in crafts and trades than to let a lay artist or crafts-woman learn medicine and surgery empirically.

The nurse, especially the mature nurse, is eminently fitted for the work of occupational therapy. She knows sick people. She knows what they can and cannot stand. She knows why they should or should not do certain things. She knows what muscles are involved in certain movements; she knows what organs are stimulated or depressed by them. With a comparatively small amount of technical training, she could be ready to help the sick or convalescent in this new—yet old—way which is producing such brilliant results.

It is a field for the mature nurse, not for the recent graduate. The younger woman has not the requisite background of experience with sickness and with people, nor the requisite patience, to make good in it. Nor is she likely to be interested.

Take the case of the psychasthenic man or woman, made so by too strenuous business or society life; that of the victim of an automobile accident, who has a partially disabled arm; that of a nervous, ill-nourished child; the child recovering from poliomyelitis; the workman who has lost a leg; the middle-aged woman with glaucoma; the cardiac who is the father of a family; the recovering or recovered tubercular; and a hundred others. The nurse with training and experience knows both the physical and mental side of these cases. Under guidance and with advice and a modicum of technical training, she can help them,—and at the same time help herself.

It might work out as follows: A

tired-out nurse, aged forty, might be the possessor of a small farmhouse and a mild case of rheumatism. If her farmhouse were suitably located, she might open a tea-room, *one* room, that would involve work light enough to be within her strength and disability. She might sell therein not only tea, but gifts and other things, articles made by the disabled. Thousands of well-made, beautiful, saleable articles are being produced in hospitals and asylums, and they need a market. A small commission on each sale, with her tea profits, would give her a modest income. Incidentally,—and the incidentally is probably the most important,—the neighborhood or passers-by might get interested in the fact that these were the products of disabled persons, and some cripple or disabled person might come to her to know if anything of the sort were possible for him. She might put him into touch with a center that knew the details unfamiliar to her, and so with him, advised by this center, work out the beginnings of his rehabilitation. She might sell his produce, when it became good enough, in his own community, especially if it were some practical object, not "fancy goods."

Meantime, she might discover that she was rehabilitating herself, partly because she had ceased to overwork, and to worry, partly because her joy in helping humanity amounted to a physical stimulus, partly because she was learning how occupational therapy

works,—her own occupation being therapeutic.

Probably the greatest factor in success in occupational therapy is that of coöperation. The nurse who tries it needs not only a little training, but advice and aid from a center, someone who knows the game. This touch with other life and other workers will be the life of her and her work.

The above is only suggestive. There are many other ways of working in the field of occupational therapy.<sup>1</sup> If it is possible for a tuberculous or cardiac man to earn a living while he is getting well; for a blind man to support himself; for a cripple to support a family; why should it not be possible for a nurse who is but slightly disabled or only very tired, but still alert, eager, earnest, to occupy herself with her own cure while she aids in the cure of others, by occupation?

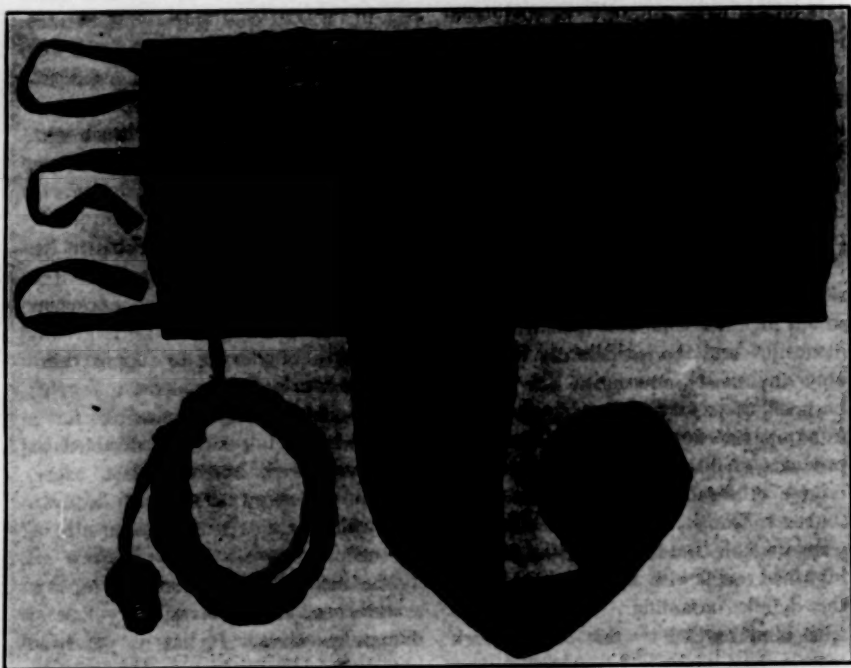
The field of occupational therapy is a wide one, and involves every line of human endeavor. It has as yet been but imperfectly worked, and is far from being fully developed. It is emphatically a field for the mature nurse. If she herself be somewhat disabled, so much the better!

<sup>1</sup> Miss J. M. Leach, Somerville Hospital, Somerville, Mass., and Miss M. Goodnow, Children's Hospital, Washington, D. C., were recently appointed a committee to help develop the nursing side of occupational therapy. They will be glad to answer inquiries in regard to it, and to suggest where coöperation may be had.

Recent valuable bulletins of the American Hospital Association are Bulletin Number 40, the exceedingly practical and helpful report of the Committee on Laundry Equipment and Supplies; Bulletin Number 50, the report of the Committee on Hospital Forms Pertaining to Annual Reports; and Number 51, the report of the Special Committee on Gauze Reclamation, which gives a tried method for washing gauze together with startling figures as to the economy effected. The bulletins can be obtained at a cost of 25c apiece from the Association at 22 Ontario Street, Chicago, Ill.

## A LABOR-SAVING DEVICE

BY MARY LOUISE DUCHESNE, R.N.



**T**HE electric pad here illustrated is a mechanical device by which we can improve our practical procedure in giving intravenous infusion, hypodermoclysis and proctoclysis to the advantage of the patient, the nurse and the hospital. The pad with its tail is pliable, light, perfectly safe, easily adjusted and always ready for immediate use, as it can be attached to an electric light socket, heats quickly, maintains a definite degree of heat as long as desired and the cost is reasonable.

### ADVANTAGES TO THE PATIENT

With this appliance the solution will reach the patient at a regular and

definite degree of temperature throughout the treatment whether this be ten minutes, one hour, or twelve hours. At the same time by eliminating the necessity of a periodical readjustment of the apparatus, which is always a source of disturbance and annoyance to the patient, we are creating the most favorable condition under which the treatment can be given in order to obtain the desired result.

### ADVANTAGES TO THE NURSE

It is not only a labor-saving equipment for the nurse, but an energy-saving device by which the maximum result is obtained with the minimum

expenditure of time and energy. It provides her with a better understanding of the important points necessary in preparing and giving the treatment, for it is just as important that she should know exactly at what degree of temperature the solution will reach the patient at different periods of the treatment, as it is necessary that she should know at what temperature the solution must be prepared.

#### ADVANTAGES TO THE HOSPITAL

It is a distinct economical factor although the initial cost may seem high. Its safety, durability and labor-saving properties will more than overbalance the cost.

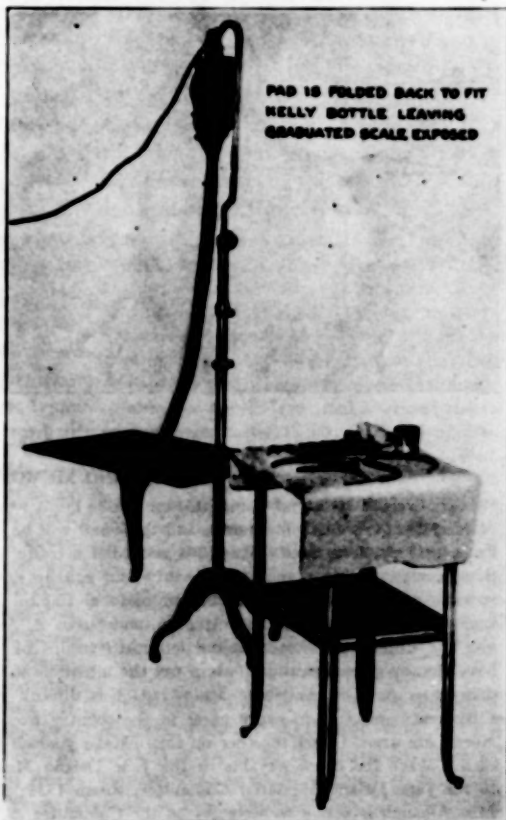
#### DESCRIPTION OF HEATING DEVICE

The heating element inside the pad and tail consists of wire interspersed with strands of woven hemp. This wire is of special alloy and thread-like fineness, but is very strong. It is thoroughly insulated with asbestos. A platinum contact thermostat is attached so that a definite degree of heat is controlled automatically at all times when in use.

The pad is 9 inches wide by 21 inches long and can be adjusted to receptacles of various sizes and shapes, by tapes attached to either end of the pad. The tail is 54 inches long and 4 inches wide, provided with snaps so arranged as to completely wrap the

tubing, and the end may be secured to the mattress or draw sheet with a safety pin through the eyelet provided for that purpose. The outer covering of the pad and tail are of waterproof material.

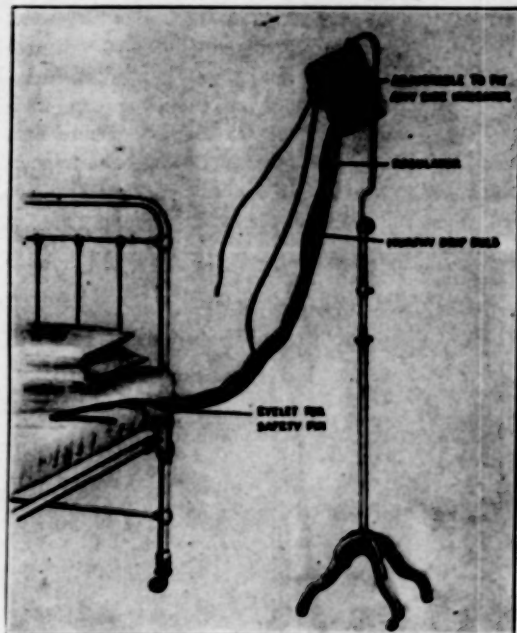
This device is so arranged that the heat produced in the pad will keep a solution prepared at 110 degrees Fahrenheit and placed in an open receptacle such as an irrigating can, at a minimum of 96 degrees Fahrenheit, after a number of hours. The temperature of the solution is raised to 106 degrees to 108 degrees Fahrenheit, as



it passes through the tubing by the drop method. Taking into account the loss of heat in that portion of the tube covered with bed clothes, which is 6 degrees to 15 inches of tubing, the solution reaches the patient at 100 degrees to

102 degrees Fahrenheit. This device may be used for intravenous infusions and hypodermoclysis by preparing the solution at the temperature mentioned above (110 degrees F.) and leaving one-half of the sterile tubing uncovered. This solution will reach the patient at 102 degrees to 104 degrees F.

This pad can be adjusted to smaller receptacles by folding both ends back 2 or 3 inches and tying the tapes to hold it at the desired size. It is then secured in place around the bottle with an extra piece of tape. By leaving an open space of one inch between the ends of the pad the graduated scale on the bottle can be easily observed. Only nurses who have, quite literally, spent hours in filling and carrying hot water bags intended to keep solutions warm, can appreciate fully the simplicity of this carefully worked-out device.



#### THE DELANO MEMORIAL

The Delano Memorial Committee intends to begin work on April 15, the fourth anniversary of Miss Delano's death in France, and the Fund will be closed on that date. The Committee has over \$23,000 in hand. \$50,000 is needed if a really suitable statue is to be erected, something comparable in dignity and beauty and equally impressive of service rendered, to that recently placed under the dome of our national Capitol in memory of the pioneer suffragists, Lucretia Mott, Elizabeth Cady Stanton, and Susan B. Anthony.

The Committee is sending out letters to groups of nurses everywhere, except those who have already given generously. It is not the intention of the Committee to ask those who have done their part to contribute again, but it is difficult to avoid duplication in mailing lists. Fifty cents apiece from every nurse in the country would over-subscribe the desired amount. Nurses are urged to get together on this. Make yourself responsible for ten gifts of fifty cents each. Make the check payable to the Jane Delano Memorial Fund and forward it at once to the Jane Delano Memorial Committee, Room 1535; 370 Seventh Avenue, New York City. Miss Albaugh is acting as secretary to the Committee.

## EDITORIALS

### A BOOMERANG

THE editor of the *Medical Review of Reviews* must be more than a little disconcerted to find that, instead of hitting the nursing profession at which he aimed, he has dealt himself and the profession he is supposed to represent a vigorous blow.

Advance sheets of the February issue, containing a vitriolic and cowardly attack on nurses were sent broadcast to daily papers throughout the country. The avowed intention of the perpetrator of the article was to inaugurate a campaign to put nurses, whom he described as vulgarians, profiteers on illness, and worse, in what he conceives to be their proper place as fifteen-dollar-a-week servants.

A very few papers carried the statements without qualification. A highly gratifying number, including at least one in Canada, rushed unsolicited to our defense and their Editorial writers have said all that needs to be said on the subject. The following, quoted in part from the *New York Globe* is fairly typical of them all:

The nurses need no defense from such an attack. Their work and their character speak for them. Of course, there are selfish nurses and incompetent ones. The profession was diluted by the great demand during the war, when necessity compelled a lowering of standards. Some women who pose as nurses are undoubtedly ignorant, many are inadequately trained, and others are in the profession merely for the monetary rewards. It is doubtless possible to find some who have infringed against the criminal code. But of what profession and business is this not true? Does no doctor work for fees? Has none ever

become a drug addict? How about ministers and priests or even the twelve apostles? Was each faithful to his trust? It might even be possible to find editors who have not measured up to the full opportunities of their profession. It is certainly possible to discover one, both an editor and a doctor, who has displayed in a single article all of the vulgarity which he imputed to nurses.

The medical profession has made much of its code of ethics. Here is an occasion to show its vitality. The professional organizations of this community should upon the first occasion publicly disclaim participation in this affront to common decency and rebuke their associate who has been so wantonly insulting.

Dr. Royal S. Copeland, who has recently resigned the position of Health Commissioner of New York City in order to take the seat in the United States Senate to which he was elected last fall, in a published interview said:

It's a terrible article. If there are any "Angels of Mercy" left in the world today, they are to be found among the nurses. There are worthy and unworthy members in every profession, no more in the nursing profession than anywhere else. My experience goes back to the time when there were no trained nurses—when one merely instructed a servant girl to read a thermometer as Dr. Robinson advises, so I can speak with authority on the subject of the trained nurse versus the untrained. Of course, there are some unworthy nurses—but there are some unworthy doctors, too. In general, for high ideals, integrity and high character, the nursing profession stands in a very high position. There are people in many occupations using drugs and the percentage among nurses is certainly no greater than any other group or profession.

Speaking of the nurses in his own Department, Dr. Copeland said,

There is no group of citizens anywhere as conscientious, as hard working, as self-sacrificing as these nurses.

Said the *American Legion Weekly*, speaking editorially,

Such a ridiculous piece of unfounded criticism would never be given wide circulation in these columns were it not for the fact that it furnishes the *Weekly* an opportunity to voice the sentiment of the men, who, during the war, in Hospitals from California to Switzerland, learned how singularly blessed a woman can be when a man really needs her.

Letters of appreciation and quantities of informational material, much of which has been published, have been sent to the press by the Headquarters Secretaries of the three national nursing organizations.

The net result of this remarkable effort "to put nurses in their place" seems to be that the daily press is more thoroughly informed than ever before on the whole subject of the professional standards of nursing and that public opinion has been definitely stimulated in favor of nurses instead of against them as was so confidently expected by the author of the attack.

#### A MISTAKE IN EMPHASIS

THE legislatures of some forty states are in session. Nurses are approaching a number of them, hoping to improve the nurse practice acts; others desire amendments to their laws, but are awaiting later and more favorable opportunity. In at least one, Missouri, pending legislation threatens to break down desirable standards already established.

There is much misunderstanding of the purpose of nurse practice acts. Some of it is wilful and based on prejudice or purely selfish interest. It is formulated usually in two ways: First, that nurses are dog-in-the-mangerish and, although not numerically strong enough to take

care of all who are sick, are trying to prevent any other persons from doing so.

The second charge commonly brought against nurses is that they are already (save the mark!) over educated. One despairs of ever convincing that portion of the public which should pay for nursing education that no subject has ever been added to our curriculum before its need has been felt by large numbers of nurses, that most nurses secure their nursing education by painful effort and that they go on and on acquiring knowledge because of the growing and changing needs of patients brought about by the constant advances in medical science. Talk of nursing education quite commonly brings out discussion of class distinction and class legislation,—subjects that are anathema in a democracy.

Nurses need not expect the laity to see the profession as nurses see it. We view it from within and have intimate knowledge as a basis of judgment. The public sees it from without and, far from having an intimate knowledge, they see only the high lights. Our mistake has been that of assuming that legislators, and the public they represent, can see nursing as we see it. They see the distinction made between graduate, undergraduate, and practical nurses as discrimination between individuals. They do not realize the extreme liberality of the waiver clauses which have given opportunity to those who have demonstrated ability in actual practice. We see that distinction in terms of safety to the patients and communities served, and are deeply concerned to maintain a standard for the registered nurse that will really mean that she is a safe person to be trusted with the care of the acutely ill; and to see that other groups

are definitely fitted for valuable service but that, in the interests of safe care for those employing them, their limitations should be known. In our eagerness to arrive quickly at our objective we have made a mistake in emphasis. We have talked of the education and registration of nurses and, to the unsympathetic, have seemed to have been primarily interested in our own status, and more concerned about our educational machinery than about our educational product.

Our state boards and the administrators of our schools will continue, in the interest of their patients and of the students who will one day be graduate nurses, to labor for better teaching and richer curricula. In the heat of the day's work they sometimes give the impression to uninformed persons that the teaching and the curricula are ends in themselves. We have a definite objective constantly in our own minds,—that of meeting the demands upon graduate nurses for many kinds of nursing and health service. We must see to it that this, our true objective is made clear to the public. In all of our thinking and discussions let us place our emphasis on education *for nursing* instead of on the education *of nurses*. When we have "sold" that idea to the public we shall have less difficulty in securing legislation that is intended to measure in terms understandable to the public, the soundness of the preparation of the various types of persons who are prepared to give care to the sick. We shall then have less difficulty in happily and comfortably fitting square pegs in square holes and round pegs in round holes. Not until we have learned to emphasize nursing instead of nurses shall we really be in

accord with our public and the change in emphasis will add to, rather than detract from, the dignity of the profession.

#### NURSING

IT is rather sad that the public can never really get close to the throbbing heart of nursing. Only nurses can know the real rewards of their service but they are inarticulate or deliberately repress expression of their feeling, fearing that they may be misunderstood.

Only the nurse herself can know the lure,—the force that makes her rise from discouragement and face the problems of each day as it comes. All true nurses know the thrill that comes from participation in affairs that are vital, the satisfaction that comes from duty well performed, resulting in improved health and increased happiness for others. Who but a nurse could believe that the cry of a new born child could produce the same upwelling surge of emotion in the calmly efficient supervisor who is witnessing the miracle of birth for the thousandth time as that which all but overwhelmed her when she first heard the sound that announces the arrival of a new soul in the world?

None but a nurse can know the exaltation that comes when she sees the answer to her oft reiterated but unuttered prayer that her skill may help restore a needed life to the family circle. Real nurses know these things. They lie too deep for words and so those we serve judge us by the masks we wear—the masks that convention demands of us all.

#### MECHANICAL INGENUITY

SOME wag has said that a man requires a whole kit of tools to accomplish what a woman can do with a hair-

pin! Possibly the feminine gift for getting along with make-shifts accounts for the relatively small number of patents secured by women, or it may be that women have allowed men to appropriate their ideas.

Few, indeed, are the hospitals that do not give abundant evidence of the mechanical ingenuity of nurses but only occasionally are the ideas made available to other institutions. It is a genuine pleasure to find a nurse testing and perfecting by patient experiment a device that will improve nursing technic. The Saline Heating Pad described in this issue is the result of many hours of observation, testing, and careful adjustment. The result fully justifies the effort. Modern efficiency demands maximum results from minimum effort. Miss Duchesne's success in perfecting a device which will obtain this result in the treatment of many conditions should stimulate other nurses to careful experimentation and sound achievement in developing appliances that will give increased comfort to patients and will also reduce nursing effort, thus freeing the nurse for other service.

#### PERSONAL HYGIENE

UNTIL live and stimulating teaching of health becomes the rule in public and private schools, personal hygiene will continue to be a difficult subject to teach in our schools for nurses. Perhaps it is because the subject has been so long pecked at in a perfunctory way in the secondary schools that so many student nurses approach the subject with an air of boredom.

Our Students' Page this month is given to an article based on a very practical application of the address on the health

of nurses given by Dr. Caroline Hedger at the Seattle Convention, published in the October *Journal*. At least one instructor made the article a required reading in the preliminary course and instead of giving a set of examination questions on the course, she asked her classes to embody the principles of personal hygiene in a form suitable for an address before a group of high school and college students, in a letter to some one needing such advice, or in the form of an article suitable for publication in the *Journal*.

In our judgment the article fully justifies itself but beyond that, the class has learned to look upon the professional journals as a source of sound information and it gives us an opportunity to express appreciation of teaching of a particularly high type.

#### LEAGUE MEMBERSHIP

THE National League of Nursing Education, by establishing an Executive Secretary at National Nursing Headquarters, is prepared to greatly extend its service to members and to hospitals and organizations interested in the education of nurses. A maximum growth of this service is dependent on an increased membership. All who are directly concerned with the education of nurses should ally themselves with this organization. If you are a member, make it your immediate concern to interest those associated with you. Secure application blanks for the persons you know to be eligible and who can be interested if you but do your part.

It is well known that the League was organized as the Society of Superintendents of Training Schools. The change in name which was brought about in

June, 1912, is indicative of its present inclusive membership. No longer is it an association of superintendents, but of those who are actively participating in the education of nurses. The list of positions included in the membership is an ever growing one. In addition to superintendents of hospitals and schools for nurses, it includes assistants, supervisors, instructors, head nurses, heads of departments, members of boards of examiners. It should be remembered that these persons are no longer to be found only in the schools. Many directors, teaching supervisors and others engaged in public health work are directly re-

sponsible for some phase of teaching. They are not only eligible to membership, but have a real contribution to make to the group as a whole. Members should seize every opportunity for interesting them in the work of the League.

The Membership Committee believes that a one hundred per cent increase in membership is possible. Every League member should bestir herself to interest those about her, in order that this desirable end may be accomplished. Make a point of securing the application of at least one new member before the meeting in Boston in June.

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The public health campaign of the present day is becoming more and more clearly an educational movement, dominated by the motive of improving the hygienic conduct of the individual life with the aid of preventive advisory medical service. In teaching the individual the principles of healthy living, and in bringing the individual into timely contact with the medical resources of the community, the public health nurse has proved herself the most useful agent at our disposal; and the programme of modern public health work in a given community may be measured very closely by the extent to which public health nursing service has been developed.—*From An Ideal Health Department for a City of 100,000 Population*, by C. E. A. Winslow and H. I. Harris, M.D.

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The longer on this earth we live  
And weigh the various qualities of men,  
The more we feel the high, stern featured beauty  
Of plain devotedness to duty.  
Steadfast and still, nor paid with mortal praise,  
But finding ample recompense  
For life's ungarlanded expense  
In work done squarely and unwasted days.

—James Russell Lowell.

## WHO'S WHO IN THE NURSING WORLD



XIX. MARY E. LENT, R.N.

**BIRTHPLACE:** New York State. **PARENTAGE:** American. **PRELIMINARY EDUCATION:** High school. Private school, one year. Summer courses at Johns Hopkins University. **PROFESSIONAL EDUCATION:** Johns Hopkins Hospital. **POSITIONS HELD:** Head nurse, Johns Hopkins Hospital; Superintendent Instructive Visiting Nurse Association, Baltimore;

Associate Secretary, National Organization for Public Health Nursing; Financial Secretary, National Organization for Public Health Nursing; Directing Nurse, U. S. Public Health Service. Helping to raise the endowment fund of the Johns Hopkins School of Nursing. **AUTHOR OF:** Articles on Public Health Nursing. **ADDRESS:** 160 Waverly Place, New York.

## DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

### THE PLACE OF THE TEACHING SUPERVISOR IN OUR EDUCATIONAL PROGRAMME

By S. LILLIAN CLAYTON, R.N.

**I**N thinking of this subject, one naturally tries to answer the questions that are presented by the thoughtful individuals who, conscious of a real need in the educational programme of our training schools, are earnestly trying to meet it. We will, then, take up these questions and consider some of the answers that have been submitted.

We are told repeatedly that there is a need for more and better ward teaching. This fact seems to be recognized by everyone as one of the weakest points in our present educational programme. First, Who shall do this ward teaching,—instructors, head nurses, or a new type of teaching supervisor? Second, What should be the function of this supervisor, largely administrative as at present, largely teaching, or a combination of both? Third, What relation should she bear to the head nurses, to the assistant superintendent of nurses, and to the instructors? Fourth, What qualifications must she have, what background, professional and educational? Fifth, What kind of training does she need? How can this training be secured? Sixth, What financial status should she have and what should be her official or academic status in the school?

Some efforts are being made in dif-

ferent places to concentrate on ward teaching, especially in special branches. In Bellevue, a good piece of work is being done in the Pediatric Department. In the Lakeside Hospital, Cleveland, medical training has been organized in the ward. The oldest kind of specialized teaching is that done by the teacher of nursing technic.

It will be enlightening to know what those who have started this work think of it. I shall quote from letters received, believing that it will be better to secure the opinions first hand.

One teaching supervisor tells us that the possibilities of this work loom high, the field is one of keen and important interest, there is great room for development, the problems are many, and to me they present themselves as follows: First, the orientation to the ward situation to determine what it holds in student nurse experience that would be preparation for the work of the future, to make studies of prevalence and prevention statistics, of dispensary and social service activities and to compare these with studies of the individual ward as to kind of disease, hospitalization, treatment, prevention, etc.; second, the following up of the work and study of each individual student on the ward so that the round of experience in medicine may be a definite organization and vital part of her nursing education, (This is extremely difficult because of the constant change of personnel and variety in length of service); third, the presentation of individual cases of rare interest and typical cases of group importance; fourth, the correlation of classroom subjects with the work of the ward; fifth, the relating of the human interest element as the essential of case interest; sixth,

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Submitted at Seattle in June, 1922, as a report of a sub-committee of the Education Committee of the National League of Nursing Education.

the making of sources of information for more intensive study, both for emergent knowledge and for more protracted, especially designed duty, more accessible; seventh, the developing of a student attitude rather than that of a satisfied perfectly efficient mechanism.

In order to meet these needs, the writer tells us that

this teaching must be done by a teaching supervisor who must be a "teacher of teachers" as well as of the students. She must be a teacher of head nurses. Her work must be largely teaching though her power must be administrative. She must be aware of and alive to the desirable changes in routine and details of housekeeping. She should be in a position to train the students for administrative work. She can best accomplish this through her relation with head nurses, through mutual understanding of working toward one end, through conferences, ward surveys, etc. Her qualifications should be imagination, initiative, human interest, dynamic personality, studiousness, and adaptability. She should have preparation in the sciences, in psychology, sociology, and should have had administrative experience. She must have had hospital training in nursing with a short course in public health nursing and a combination of preparation as an instructor and administrator such as is given in the Department of Nursing and Health, Teachers College, Columbia University. Her status should be the same as the principal's assistant.

In reviewing the qualifications of this teaching supervisor as presented by this worker, we see that she should be a woman with unusual personal qualities, having a sound background of scientific and professional knowledge, with the necessary experience in dealing with practical hospital problems which would make her capable of administrative duties.

To this woman who is so well prepared are offered rare possibilities of service, a work full of keen interest, personal, social, scientific and human.

We find that the opportunities for development are curtailed only by her own and the institution's limitations.

Another supervisor who has tried to solve the problem shows a close correlation of duties, administrative and teaching, so close that one can scarcely separate them. Again I quote:

First, I think in a large place the head nurse has too many administrative duties. The work, therefore, of the teaching supervisor should be largely teaching, though her duties must be partially administrative. There will be a great loss in efficiency of the department if there is not a close correlation between the administrator's and the teacher's work. The two must have informal conferences where they shall feel free to suggest and differ so that methods adopted may be the result of general discussion. Second, as to qualifications, she should be able to get along with people and be willing to compromise when necessary, though persuasive enough to secure cooperation for the most part, for otherwise there will be friction and only surface cooperation. She should have had quite a little experience in her line. Educationally, she should have had professional training in teaching. Third, in position she will be the next step above a head nurse.

Again we find the same qualifications necessary. The same rewards offered but a greater combination of theoretical and administrative duties.

Another supervisor who writes concerning the training of teaching supervisors in Obstetrics emphasizes the importance of preparation, of preliminary education, academic work and professional training; also of personality and experience. After writing at length of these, she reaches the following conclusion:

Having the ability and the knowledge to teach is important, but of equal, if not greater importance, is the *desire to teach*. A supervisor may possess both the ability and the knowledge necessary for teaching, but

unless she really wishes to give that knowledge to others, she will never be a success as a teacher. This desire to teach should be so strong that it will not be lost as she assumes other responsibilities.

I am sure some of you will at once ask if a supervisor should have other responsibilities and I answer yes. I think the one who teaches Obstetrics should be the Supervisor of the Obstetrical department, responsible for the care of the patients as well as the teaching of the students. She should have a sufficient number of assistants to relieve her in the detailed work so as to give her time to teach both the theory and the practice, but she should be responsible for both the teaching and the carrying out of that teaching in the care of the patients. I wonder if the present trend of training teachers is not to separate too much the theory from the practice. Is the teacher who is responsible only for the teaching and not for the use which the student makes of the subject taught, doing the best kind of teaching; can the student, without help, apply to best advantage what she has been taught? Who can give her the best help; should it not be the teacher who has taught the subject?

We have felt we should get away from the apprenticeship method of teaching,—but should we get away too far? Is not the ideal teacher of Obstetrics the one who combines scientific knowledge with the practical methods and who checks up each student's daily care of the patients, showing her how to make use of her scientific knowledge?

In the light of these opinions from those in the actual field, together with a large number of opinions to which I have not referred, may we not answer the questions that have been asked us by the thoughtful individual who, conscious of a real need in the educational programme of our training school, is honestly trying to meet it as follows: We desire to meet the need by bringing to it as much as is needed in the form of preparation, of ability, personality, and experience. At the same

time we must not divide the feeling of responsibility or take any of the real life out of the ward unit by so dividing the interests and obligations as to weaken the foundation upon which it has rested.

It has been necessary in the growth and development of the ward unit to introduce into our system teachers who have been especially trained for their positions, some to teach nursing technic, some to teach sciences, others to teach in the wards at the bed-side of the patient all the details of the disease from which the patient suffers. The last-named teacher is called upon to correlate the science, the technic, and the disease. All of this has seemed necessary and has been a step in the right direction. It has been difficult for the hospitals and schools to make the adjustment. The women who have occupied positions as head nurses have felt that some of their responsibilities in the education of the nurse have been taken away from them; that to them has been left the department only,—in other words, the case that has held the jewel. They have recognized, if they have been thoughtful people, the importance of the case if the jewel is to be protected, but they have lost interest in it when it has been separated from the real life of the department which is offered through contact with the student nurse in her relation to the patient.

This has been the greatest loss that our present system has brought to us. The advantages have been many. Is it not possible to have this person of whom we are speaking so placed in the department that the good in the old system can be retained with the added value of the new?

The following statement comes from one of our group who has been a head nurse, a teacher, a supervisor and a superintendent, and after due consideration of all of these points of view she makes the following statement which is worthy of our careful consideration:

Therefore, I can think of a ward unit from the standpoint of teaching, only in terms of one properly qualified head nurse (call her what you like) with properly qualified assistants and enough nurse helpers to relieve the students of all work unrelated to nursing but commonly judged a necessary part of her preparation, of routine duties so often repeated by student nurses and which can be delegated to a nurse helper or a ward maid. I believe the head nurse, in coöperation with the instructor of nurses, should be the logical teaching supervisor. Given the proper assistance and a stimulus, the criticisms now made of this worker can be overcome. Among the criticisms are the following,—that there is difficulty in combining supervision and teaching, that there is insufficient supervision, that the head nurses do not have the proper point of view regarding the student's needs, and that the head nurses lack an objective, which detracts from concentration on the teaching of nurses.

An innovation of a new teaching supervisor would not correct these criticisms, for there would be confusion due to the duplication of authority. There would be a division of responsibility with a consequent evasion of responsibility for thoroughness in nursing technic, accuracy, and interest in the nurses and patients.

The teaching supervisor is really a new and better head nurse whose qualifications should be considered very carefully from the educational and professional standpoint. She should have a high school education, should be a graduate of an accredited school of nursing that provides a well grounded experience in all phases of nursing, and in addition to this she should have a thorough groundwork in nursing technic combined with a knowledge of sciences in order to interpret her work scientifically to the students. Her personal qualifications should include a stimulating per-

sonality, enthusiasm, adaptability, dignity, the desire and ability to impart knowledge, patience, and willingness to repeat. She must have respect for the opinions of others and ability to win coöperation. She must have a keen and sympathetic understanding of students' problems. She should have enough outside interest to avoid a lifeless routine that tends to make her work mechanical and enough vision to see her opportunity as a teacher in relation to the students.

The salary attached to this position should be sufficient to prevent frequent changes so that continuity in the teaching of nurses be maintained.

As to her position in the school, she should be a member of the faculty.

These head nurses or teaching supervisors may be prepared for their work by having definite courses established in the colleges for them. These courses should be carefully arranged and planned to be applicable to their work.

You see by the above statement that I believe the function of this supervisor is educational, administrative, and supervisory; that given proper means and help, she will see that the students have more time for finished technic and nothing in the ward unit of life and interest will be lost.

We should like to offer this last quotation to the eager questioner of today as a way in which the real need in our educational programme may be met and our women recognize the advantages that this position offers. The following present themselves as important; first, it will be necessary to provide a most thorough preparation for it; second, hospitals must demand these properly qualified officers; third, a premium must be placed upon an intelligent, efficient service; fourth, added to this will be the proper recognition of their preparation and of their position from the standpoint of salary and professional status.

The fact that these things have not

been done is largely due to the process of development of our institutions and to the lack of understanding on the part of all concerned. The adjustments are being made gradually.

To such a position, the woman properly trained must offer her interest in science, her interest in the social prob-

lems surrounding her. She must hear the call presented by the human problems and last but not least in her relation to the student she must as a teacher, as a supervisor, and as an administrator be concerned with the greatest problem of all,—the development of women.

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## ITEMS OF INTEREST

On January 2, 1923, Effie J. Taylor took office at the National Nursing Headquarters as the full-time Executive Secretary of the National League of Nursing Education. Miss Taylor is well known to the nursing world as the former Associate Principal of the Johns Hopkins Hospital School of Nursing.

To League members she is known for her splendid service for many years on its Board of Directors and as Secretary during 1916 and 1917.

Miss Taylor tells in this issue how the National League Headquarters plans to serve to the fullest extent the interests of nursing education.

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At the meetings of the Board of Directors of the National League of Nursing Education held in New York, January 16-19, 1923, it was announced that the Illinois State Nurses' Association had voted to give \$1,000 to the National League of Nursing Education. This sum was set aside by the Illinois State Association in 1920 for the work of an Interstate Secretary.

That the nurses of the State of Illinois are interested in fostering nursing education there can be no doubt.

This gift is most timely. The League has undertaken a large programme for the coming year. In order to carry out this programme effectively it has been necessary to install a full-time executive secretary and the League has been particularly fortunate in securing the services of Miss Taylor for this office. Such an expansion of work necessarily calls for an increased budget. Illinois has set a royal example in the way of substantial financial encouragement.

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The maintenance of productivity and the advancement of the things of the spirit depend upon the ever renewed supply from the mass of those who can rise to leadership. Our social, economic, and intellectual progress is almost wholly dependent upon the creative minds of those individuals with imaginative and administrative intelligence who create or who carry discoveries to widespread application.—*Herbert Hoover in American Individualism.*

## HEADQUARTERS NATIONAL LEAGUE OF NURSING EDUCATION

By EFFIE J. TAYLOR, R.N., *Executive Secretary*

IN 1914, at the Joint Convention in St. Louis, Clara D. Noyes suggested that a committee be appointed to consider the question of establishing a National Nursing Headquarters. The Committee was formed with a member from each organization: Mary C. Wheeler, Chairman, representing the American Nurses' Association; Martha M. Russell representing the National League of Nursing Education, and Edna M. Foley representing the National Organization for Public Health Nursing.

The need for a central place from which the national nursing organizations could function had long been felt. A home was needed in which could be gathered all data relative to nurses and nursing and from which could go authoritative information and helpful advice.

Particularly was this need felt by the National League of Nursing Education as its Secretary who carried a great deal of the work of the organization was always a volunteer worker and often an important officer with a full and more often over-flowing day's work in a busy hospital or school of nursing.

For this reason a frequent change in officers occurred which necessarily influenced the progress of developing educational work to a great degree.

Between the years 1914 and 1918, the Committee, changing somewhat in personnel, was at work studying ways and means by which the idea could be made practical to the nurses in general and the plan satisfactorily financed.

In 1919, the Bureau of Information for nurses was established by the Red

Cross to assist nurses when demobilizing to obtain positions in hospitals, schools of nursing and in the public health field. Not only was this bureau helpful in placing the nurses returning from service in suitable positions but it also served a great need to institutions by having the credentials of a great number of nurses in an active file from which the hospitals and schools of nursing could appoint suitable and desirable persons to fill important educational and administrative positions. It was a means of fitting the right person in the right place which demonstrated again the value of a central place to which one could turn. The use that was made of this bureau during the period when it was one of the Red Cross activities, demonstrated its value to the nurses themselves and also to the institutions.

The time, however, drew near when the immediate need for which it was organized would be over and as the Red Cross is specific in its function it felt that its attention could not be directed to what was no longer an emergency. The question of National Headquarters was revived and at Atlanta it was voted to establish a National Nursing Headquarters office in New York. A Committee of three from each organization, including the American Red Cross, was designated a Joint Headquarters Committee, and funds for financing it, through the influence of Miss Noyes, were contributed by the Red Cross for one year.

During this period the headquarters work of the American Nurses' Association and the National League of

Nursing Education was conducted under the direction of R. Inde Albaugh, who was Director of the bureau when it was organized as one of the Red Cross activities.

As a Headquarters of the National Nursing Associations the work began to expand, and one of the first responsibilities undertaken by it was the development of a plan to recruit student nurses. A sub-committee of the Joint Headquarters Committee prepared publicity material and developed a plan for its distribution. This entire piece of work was financed by the Red Cross and it is gratifying to find how far-reaching in its influence it has become. Material for recruiting student nurses is still available in large amounts and State Leagues and other organizations are urged to make use of it. The material is prepared in such a way that it can be used in the future as well as in the present.

The second year it was necessary that the responsibility of financing the Headquarters of the American Nurses' Association and the National League of Nursing Education be assumed by each organization. It was always the hope of the organizations that the time would come when it would be possible to appoint an Executive or General Secretary at Headquarters for each of the two National Organizations to hold a similar position to that held by the Executive Secretary or Director of the National Organization for Public Health Nursing, but during the first year of assuming their own financial responsibility this was impossible, as it was a serious problem how to meet the expenses even if kept at the minimum. Because of this the personnel was not increased

and while the organizations functioned separately, as their needs and responsibilities were separate, they were still managed under the direction and guidance of one office director.

With the present year and a possibility of an increased income, a Secretary was appointed to develop the work of each organization in accordance with its own particular purpose.

In 1920, at the Atlanta Convention, Miss Nutting, Chairman of the Committee to present a plan for the transfer of the Bureau of Information to the National Organizations, described with her wonderful insight and vision for the future, some of the possibilities for the development of the work at Headquarters.

The plan as outlined by Miss Nutting included:

1. Offices for representatives (secretaries) of each of the three National Associations where information could be obtained concerning their work; where their records would be kept, and from whence their publications, reports, etc., would be issued.

2. A Bureau of Appointment and Advice for nurses seeking positions, and for hospitals and training schools and other organizations seeking suitably trained workers. Advice concerning possible fields of work and special training would also be given here.

3. A division of publicity should be established as soon as possible.

4. An office for the American Journal of Nursing, the official journal of two National Associations, providing a center into which news and information would be constantly flowing.

5. A library and reading-room which would contain all important nursing literature, complete files of the nursing journals of this and other countries, full reports of Proceedings of all our societies, state laws dealing with registration of nurses and current nursing, hospital and health periodicals and

other publications of interest and importance to nurses.

6. Finally the combined forces of all these departments would be constantly and actively at work upholding better educational standards, and caring for the professional interests of nurses and nursing throughout the country.

The headquarters would be in a word a common symbol of our common purposes—a center to which we could all continually turn for help.

And now, after two years, how far has this vision become a reality?

The Secretary of the National Organization for Public Health Nursing was already established with a well equipped and thoroughly organized office and staff of assistants but it was not till January first of the present year that Secretaries for the two other National Organizations assumed the duties at Headquarters. The offices had been organized by Miss Albaugh and in coöperation with the Education Committee of the League and an active Publication Committee, of which she was Chairman, reprints and literature on nursing and nursing education were made available and many hundred copies were sold or distributed from which was netted a substantial return for the development of the work.

As a means to assist further in the financing of League Headquarters, three Calendars,—1921, 1922, 1923,—were compiled by the Publication Committee, printed and sold through Headquarters, from which were realized several thousand dollars.

The 1922 Calendar was bound in the form of a booklet that the important information which it contained and the photographs of American early leaders in nursing may be preserved as part of one's library on the History of Nursing,

and the 1923 Calendar will be bound as soon as the Calendar is out of issue. The 1923 Calendar contains sketch biographies and photographs of the later leaders in nursing and the 1924 Calendar which will be issued at Christmas will add twelve more to the number. One can hardly afford not to own these publications which are still available at Headquarters. Calendar at \$1.00 and booklet at 35 cents.

The Placement Bureau is being developed and should be an important and valuable help to our nurses in the field and to administrators in hospitals. Not only is it available and useful to nurses seeking positions in hospitals, or schools of nursing, and to administrators in hospitals seeking a competent staff, but it is being developed to be of assistance to all nurses who need information and advice in the selection of any branch of nursing work. Scarcely a day passes without some new problem being brought to this Bureau, and questions come for solution of which one had not even thought. In this activity the secretaries of both the American Nurses' Association and the League coöperate. Problems relating to hospital administration and education naturally come to the Secretary of the League, while problems relating to laws, registration, nursing registries, and many other lines of work not primarily institutional nor educational branches of nursing, are referred to the Secretary of the American Nurses' Association. It is in mind that a study of nursing registries may be soon made, and when information is obtained, the private duty nurse will find the help she needs in making a selection of the right place in her community to which she

should refer. Nurses are engaged in so many lines of work that it will be difficult to limit the number of studies which it will be desirable to make.

A file is in process of making which eventually will contain answers or references to the many questions which now come and will come in greater numbers to Headquarters for solution. It is the aim of the three Headquarters Secretaries to obtain information as rapidly as possible on everything pertaining to nursing so that when the child comes for bread it will not be given a stone.

Records of the credentials of nurses and institutions are rapidly being compiled and placed on file so as to be available to the three organizations and each has now the advantage of the other's investigations as soon as they are complete.

The community spirit and the spirit of good fellowship is everywhere demonstrated at Headquarters, and each organization has a share in the wealth of the other.

One of the great advantages of Headquarters is the pooling of interests and resources, thus preventing a duplication of work and effort in passing over information. Conferences are held almost daily on some question or other which is settled more easily, satisfactorily, and efficiently because of the opportunity for an interchange of thought and advice, and many questions which might become serious because of misunderstanding, may be quickly and clearly understood.

In addition to the three National Nursing Organizations, the *American Journal of Nursing* has an office at Headquarters, and here the Editor of the Journal meets in conference with

the Secretaries and through her a wealth of helpful information pours into the several offices. Many times a day she is seen at the door of one or other of the offices of the Secretaries with a pencil and paper in hand, giving or seeking advice on some problem which she feels of vital interest or one which has been brought to her attention, for the Editor makes innumerable contacts, both lay and professional, and not being definitely attached to one or the other but representing all three organizations, to some extent at least, her advice and judgment are unbiased, and for that reason is all the more helpful because free from prejudice.

The division of publicity Miss Nutting dreamed of in the first outline, has not been developed to a large extent. The publicity material compiled by the Committee for the Recruiting of Student Nurses has indeed been of tremendous value, but other and more active forms of publicity are in process of consideration. The first time that Headquarters was given publicity in a magazine other than the *Journal of Nursing*, was in the last issue of *The Survey* when it was decided to call the attention of the public to the fact that at 370 Seventh Avenue, the only official Nursing Headquarters was established. This advertisement was designed to correct the impression given to the public through an announcement in the foregoing number of *The Survey* that a registry in Chicago was official headquarters for information and advice.

The dream for Headquarters has become a reality, but Headquarters will not or cannot fill the need or fulfill the greatest function to the nurses, institutions and general public unless it has

the unqualified support of every nurse who is a member of our great National Organizations.

Headquarters is for you and belongs to you and the Secretaries are there to

gather together all the wealth of information they can find for your use and benefit, to help maintain standards and assist more quickly in bringing to pass our ideals for nurses and nursing.

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#### AN INSTITUTE FOR INSTRUCTORS

An institute for instructors and all nurses interested in teaching in Schools of Nursing was planned and carried on by the St. Louis League of Nursing Education, January 26 and 27. The lectures and demonstrations were given in the amphitheatres and class rooms of Barnes Hospital, Children's Hospital, and Washington University Medical School.

The opening session on Friday morning was conducted by Helen Wood, Director of Washington University Training School, who discussed the various bills regarding registration for nurses which are being presented during the present session of the Missouri legislature. At 10:30, Janet Ritchie, Director of the Junior League Workshop of Barnes Hospital, gave an interesting talk on Occupational Therapy and Its Relation to Nursing which was followed by a visit to the shop, watching the patients at work.

During the afternoon, demonstrations of procedures in medical and surgical nursing were carried out by pupil nurses under the direction of two instructors,—Alma Corbitt of Washington University Training School and Pearl Castile of St. Luke's Hospital Training School. Preparation for delivery in the home was demonstrated by Ferol Eckman of the Jewish Hospital. Orthopedic appliances were shown at the Children's Hospital by two of the head nurses, Doris Weber and Louisa Hudson.

The main feature of the evening's programme was a most interesting lecture on Infant Feeding and the Care of Sick Children given by Dr. W. McKim Marriott, Professor of Pediatrics of Washington University Medical School.

On Saturday morning, members and guests assembled in the Department of Chemistry at the Medical School where Irene Koechig spoke on Aims and Methods of a Course in Chemistry for Student Nurses. The correlation between Chemistry and the other sciences was strongly emphasized. Following this excellent paper groups of students carried out certain experiments in the laboratory, proving that they had learned to connect this study with certain facts that they had learned in Physiology. During the remainder of the morning Miss Weeden of Harris Teachers College gave many helpful suggestions regarding the teaching of Personal Hygiene and showed charts, graphs, and scrap-books which had been made by some of her enthusiastic pupils.

The afternoon session was opened by Grace Lieurance, Superintendent of Nurses of St. Luke's Hospital, who spoke on Teaching of Ethics and History of Nursing and showed lantern slides illustrating the latter subject. The institute closed with a short paper by Grace Reid, Instructor in Washington University Training School, on Teaching Drugs and Solutions, followed by a demonstration class in recitation and laboratory work. Specimens that may be easily obtained from any butcher and that are most helpful in teaching Anatomy, were shown at this time, also.

The interest in the success of this institute was evidenced by the hearty coöperation of the members and the attendance which included nurses from Missouri cities three hundred miles away.

## DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR

*Director, Nursing Service, American Red Cross*

### REINSTATEMENT PRIVILEGES ON LAPSED INSURANCE POLICIES FOR EX- SERVICE NURSES

THE U. S. Veterans Bureau is endeavoring to advise every nurse who contracted for government insurance, as a member of the Army or Navy Nurse Corps during the World War, of their rights to reinstatement privileges on lapsed insurance policies. Very liberal terms are offered by the Bureau whereby payment of two such premiums is in some instances sufficient to bring insurance back into effect.

U. S. government life insurance offers all the usual forms of policies such as Ordinary Life, Twenty-Payment or Thirty-Payment Life, Twenty-Year or Thirty-Year Endowment, and Endowment Maturing at Age Sixty-Two. In view of the fact that the government carries the overhead cost of this great insurance business, it is able to offer insurance at more liberal terms than commercial companies can do.

Every nurse who has allowed her government insurance to lapse should inquire at the nearest District or Sub-District Office of the U. S. Veterans' Bureau concerning the possibility of reinstatement. War Term Insurance (the form of insurance issued originally) should be converted prior to March 3, 1926, into some one of the permanent forms of insurance listed above.

### NEW BUILDING FOR SCHOOL OF NURSING IN HAITI

The readers of the *Journal* will probably recall that a School of Nursing

under the supervision of Red Cross nurses has been slowly developing in Port-au-Prince, Haiti. The details in connection with the organization of this School were described some months ago in the *Journal*.

About two years ago the American Red Cross gave \$10,000 for the purpose of erecting a building for this School. The construction of this has been completed, and on the 13th of January, 1923, it was formally opened and immediately occupied by the students. It is located in the grounds of the City General Hospital which, although maintained by the Haitian government, is under the general supervision of the Sanitary Engineer of Haiti, who is a medical officer of the United States Navy. It is a two-story building of brick, and about forty-seven by sixty feet in dimensions. Living rooms, dining rooms, pantry, two class-rooms, reception rooms, and shower baths occupy the first floor. The second floor is used for sleeping purposes, with a study room for the nurses. In a letter from Marion Stanley Doane, who has recently assumed the direction of the School, she states:

The new home provides very satisfactory rooms for demonstrations and lectures. I need charts and necessary teaching equipment.

(A Chase doll has already been sent.)

Text-books form the greatest difficulty, as only one student out of twenty-four speaks English, all the others speaking French. There appear to be

no text-books in French available, while the work of translation would be too expensive. Vashti Bartlett, the first Red Cross nurse to be assigned to that country wrote a small textbook on Dietetics, while Miss Griffith, her assistant, wrote a brief circular on Surgical Procedure, both in French. With the exception of these two books no other French textbooks are at hand. This, of course, makes the question of class instruction exceedingly difficult, and the students must depend largely upon their notes and the practical instruction at the bedside of the patient or in the class rooms. Since the organization of the school, twenty-six nurses have graduated, while something over twenty are now in training. The question of employment after graduation has been a serious one, but as the position of the nurse and her usefulness begin to be understood, the demand for them is growing.

#### NEWS FROM GREECE

Recent communications from Greece estimate the number of refugees anywhere from seven hundred thousand to a million. The first report of one million and a half was probably an over estimate. The condition among the refugees in and about Athens, Salonica, the Greek Isles and Corfu gives a tragic picture of the conditions. In a letter dated December 22, 1922, from Salonica, Stella Mathews makes the following statement:

Conditions change rapidly, today one family may be here and tomorrow another. The government is moving them on as rapidly as possible to villages and farms, but others are then sent from worse places, some absolutely without covering other than sacking. Yesterday at camp the kiddies and nursing mothers received the first supplementary feed-

ing of corn grits, which has only now been received, and they enjoyed the food very much. Milk stations and also stations for the other foods are being arranged at all of the camps, and this will help greatly, but not so much as it would if there were a greater supply of quinine. Almost every child has an enlarged spleen and is copper colored. Everyone has malaria. Clothing from materials which we have is being made at the camps, by refugees, for the children. There is not nearly enough yet to go around, but we can give to the worst cases.

Since this letter was written, supplies from the American Red Cross, clothing made by the Chapters all over the country, knitted goods, and food have reached that country in large quantities. Even under the pressure of hard work, harrowed by the distress of the refugees, Miss Mathews still has an opportunity to observe from the Personnel House, where the Red Cross workers live as one family, the beauty of the surroundings. She states:

It is a fine location, (the Personnel House) looking over the Bay which is filled with all sorts of vessels, mostly with sails, which are always beautiful especially with the sails set. We face the West, and the sun sets back of Mt. Olympus, so every night there is a changing picture of beauty. On the other side we see the old ruined town with minarets that were erected by the Turks when they ruled Salonica. From another window we see the White Tower built in the fourteenth century, and even today used for a prison, but fit for nothing except as a relic. It is cold here, there has been ice in the Bay, the first in fifteen years, but when the sun shines it is very warm.

One can picture the terrific distress of the refugees, suffering from cold and the consequent illness and mortality that must follow. Some of the pictures which have been sent by the nurses show this in a most acute manner. The organization of the camps is rapidly

being accomplished, clinics are being developed, medicines distributed, and while only a small number of Red Cross nurses are being utilized, they are directing much of the work and utilizing such individuals from among the refugees as are qualified. In a recent letter, Mrs. Charlotte Heilman speaks of the great need for layettes, such as those which the Red Cross Chapters have made in large quantities, and although thousands of them have been shipped from this country the need for more seems never ending.

#### ADAPTATION OF THE RED CROSS COURSE IN HOME HYGIENE TO THE GIRL SCOUT MERIT SYSTEM

A plan of coöperation has been developed by the National Girl Scout Organization and the American Red Cross, and a pamphlet is issued jointly by them which contains comprehensive information as to the national plan of coöperation. It also includes an outline of the instruction, which is the Red Cross standard course in Home Hygiene and Care of the Sick, but shows a rearrangement of the subjects under the Girl Scout merit tests of "Health Winner," "Home Nurse," "Child Nurse," and "First-Aid." The receipt of a Red Cross Home Hygiene certificate will entitle the Girl Scout, without further examination, to these merit badges, provided she has lived up to the additional Scout requirements in these subjects. It is expected that this plan of coöperation will result in a wider use of the Red Cross Home Hygiene course, and a closer relationship of the two organizations, both nationally and locally, and in increased community service.

Any local Council of Girl Scouts in-

terested in Home Hygiene instruction may apply to the nearest Red Cross Division Director of Home Hygiene and Care of the Sick, who will supply information as to the necessary procedure.

#### DELANO RED CROSS NURSES

Three Delano Red Cross Nurses are now serving as "missioners of health" to widely scattered areas of United States territory. Stella Fuller on the Alaskan Peninsula, Edith Spiers on the islands off the Coast of Maine, and Margaret Harry at Highlands, North Carolina. These nurses send interesting accounts of their work and the great distances they must travel from time to time in order to reach isolated cases.

Miss Spiers in a recent letter speaks of the intense cold on Swans' Island, and explains why she could not secure photographs requested by National Headquarters, as follows:

Old Sol has deserted us and we have only snow and rain accompanied by wind which I will remember all the rest of my life.

She uses skis to get about from patient to patient and is establishing a center where the classes, clinics, etc., can be held. The makeshifts that she must use and the difficulties under which she must work speak of great devotion to duty. If Dr. Frederick H. Robinson, Editor of the Medical Review of Reviews, in an editorial in which he ascribes to the nursing profession every known fault and the lowest of motives, could read the letters of this one nurse alone he might realize that the spirit of sacrifice and devotion displayed by Florence Nightingale and which he says "no longer exists" is still burning brightly in the hearts and souls of many nurses.

## NURSING NOTES

Theodora Legros, who has served under the Red Cross in Roumania, has been reassigned to service in connection with the School of Nursing at Sofia, Bulgaria, under the auspices of the American Red Cross. She sailed on January 27 to serve as Miss Torrance's assistant.

Fanda Ruzickova, from Prague, Czechoslovakia, who has been a student at the Massachusetts General School of Nursing, graduated with the class of 1923 on January fourth. Miss Ruzickova was brought to this country by the American Red Cross to be prepared to assist in the School of Nursing at Prague, which was organized and has been directed by American Red Cross nurses since 1919. She returns on the first of March.

From far away China where a number of Red Cross nurses are engaged in various parts of that country in developing Schools of Nursing, come interesting messages. Nina D. Gage, who is Dean of the School of Nursing at the Hunan-Yale School, Changsha, China, to whom a Christmas card had been sent by the Director of Nursing in Washington, D. C., extending Christmas wishes to her and her students, sends the following message:

You were very kind to think of us, and send that Christmas card to the Red Cross nurses. I have circulated it, and everyone was so pleased to see it, and appreciative of your thought of us.

And as for my pupils—if you had seen their eyes shine in the chapel when I told them of your card! I had your greeting translated, and posted the card on the bulletin board afterward, and the crowd around it

was great. They really felt that they were a part of a great world profession, because they had Christmas messages from someone in the United States, who is in the same work as they hope to be later. They wanted me to thank you very specially, and send you their heartiest good wishes for a glad and happy New Year.

Miss Gage continues her letter by the statement—"they are now beginning the old discussion of the 'over-trained nurse' in China. The doctors are beginning to worry lest the nurses are learning too much." She speaks of the receipt of the Rockefeller Report, and is looking forward to it as a great support to the work of nurses in China. She also reports that some films of their work have been taken, and that they are busy cutting out the superfluous material, so that progress in nursing is to be noted in China as well as elsewhere.

A letter from Cora E. Simpson, who is Secretary of the Nurses' Association of China, and a member of the Red Cross Nursing Committee at Shanghai, brings the following message:

We want you to know that we want to do all that we can to make the Red Cross loved over China even more than it is now, and that will be saying a great deal. I was at Swatow a few days ago, and wish you could have heard the expressions of gratitude. One Chinaman whose English was lacking, but not his appreciation, said: "Red Cross he bury all dead men. All men not die he give new pair pants for head and arms and legs and feet. He all have big heart." He was much interested in my pin which I always wear.

The American Red Cross has done a great deal through its Committee in China to assist through various calamities such as flood and famine.

## FOREIGN DEPARTMENT

LAVINIA L. DOCK, DEPARTMENT EDITOR

**S**ISTER Agnes Karll writes with touching appreciation and responsiveness in regard to gifts of money which are reaching her from American nurses. She is able to make every dollar go to its utmost in relieving pathetic cases of illness, breakdown, or destitution from unemployment among the older Sisters.

The newspapers make it perfectly plain that the middle classes of Germany are undergoing severe hardships and as it is to that class that nurses, medical men, teachers, etc., belong, we may realize what it means to them when the cost of living doubles over night.

One would think that the world generally would feel some wish to help a country which has thrown off its imperialistic militarism; which has enfranchised women and given them seats in Parliament; which has been taking "hate teachings" out of the school books; which has become a republic

with a sincere, upright working-class President; which is now offering only "passive resistance," moral force, to physical force.

But instead, sadly enough, the opposite seems to be the case and it often seems as if the young, struggling Republic were detested more than the autocratic Empire, and as if other countries were more determined now, to kill out a dawning democracy than ever they were of old to get rid of Empires and Emperors. Meanwhile the nurses are thankful for the help we can send them.

(In the December *Journal* it was requested that contributions for German nurses should be sent to Sister Agnes Karll. Sister Agnes has been recently called to her mother who is ill, in a country place, so contributions may be addressed, instead, to Berufsorganisation, Regensburger Str. 28 IV, Berlin, W. 50, Germany.)

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The newly organized Association of Uruguayan Nurses, according to *La Manana* the first of its kind in South America, has decided to adopt as its badge a white cross on a light blue field, bearing the initials A. U. N., and the words Honor, Patria,—the motto of the Association.

—*Bulletin of the Pan American Union*, November, 1922.

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**NURSES AND INFANT MORTALITY.**—Using data given by Dr. Julio A. Bauza, director of the baby welfare stations in Montevideo, *La Manana* of that city presents in an editorial a highly interesting statement of infant mortality conditions and considerations arising therefrom. At the beginning of 1921, the population of Montevideo was given as 363,000; somewhat more than 2,000 children under 2 years of age died in 1920. The public welfare board spends almost \$1,000,000 annually for the Larranaga Asylum, the protection to infancy service, Pereira Rossell Hospital and mothers' homes. More doctors, *La Manana* believes, are not necessary for future work, but many intelligent, well prepared nurses. The Uruguayan Red Cross has offered to supply this need, at least partially, by offering free to the public welfare board the services of 100 nurses. "It is demonstrated fact," says *La Manana*, "which needs no discussion, that ignorance is the chief cause of infant mortality. To control this factor the teaching of the kindly, intelligent nurse is necessary in the homes of the poor."

## DEPARTMENT OF PUBLIC HEALTH NURSING

A. M. CARR, R.N., DEPARTMENT EDITOR  
*National Organization for Public Health Nursing*

### PINE GROVE CAMP

BY ADELE S. POSTON, R.N.

**I**S there anyone who does not occasionally feel an urgent desire to bury himself in the greenness and fresh solitude of the woods?—however much the practical details, such as the clinging dampness of rain, prevalence of ants, worms, spiders, and unknown animals, may detract from his ever carrying out the desire?

It is for those who have been buried in noisy cities, or who have been ill and to whom vital energy is slow in returning, or who have been living in situations in which they cannot seem to find their right place, that Pine Cove Camp has been established. Here a group of highly trained advisors may be found, to help such persons in the long pull back from ill health or unhappiness. The directors and counsellors of the camp are all in a position to skillfully direct the problems of young people in need of exceptional requirements, and the soothing influence of our Maine woods, with the carefully regulated routine of camp, bring more than the desired results.

A girl who loves athletics may find at Pine Cove every opportunity to swim, paddle, row, play tennis, baseball, basketball, and all the other sports she loves. On the other hand the girl who has never known how to use her body skillfully is taught those sports best suited to her needs. Here she learns the value of keeping a level head, of

thinking and acting quickly. And here too she feels the joy of the keenest effort, and the thrill of a healthy body responding instantly to her command.

Having once been started on the trail of perfect physical health, mental blessings begin to crowd in on these campers in untold numbers. The relaxing influence of the sun, wind—yes, and the rain—which constantly surround those living in the out-of-doors—chases away unhappiness. The depression which may follow illness is changed to a cheerful, wholesome point of view, and a balance is gained as to the best means of dealing with life.

Too often do we find or hear of the girl who has never had the proper social outlet which every young person should





have. Either through circumstances or through lack of effort on her parents' part, she may never have had the opportunity of mingling in the normal social life which alone will broaden her mind and interests. Or, being timid, she may have withdrawn within herself, longing for expression, but unable to find the way alone. This state of mind, a hindrance to the normal viewpoint, can never be productive of anything but physical and mental ill health. In the light of the most advanced methods of preventive health work there is no need for these states of mind.

It is to Pine Cove Camp that such cases are sent, to be studied and directed. Under the normalizing influence of interesting occupations, careful diet, the crisp outdoor air, and last, but not least, the sure sympathy and friendship of the leaders, the camper cannot fail to attain a new attitude toward herself and toward life in general.

From the physical examination given each person at the beginning of camp

and every month thereafter, special exercises are prescribed for each individual. It is this department of the work which shows the most tangible physical results. One person may have stiff, cramped, unflexible joints and muscles. Through disuse she may never have known what it was to have a well oiled, up-to-the-mark piece of bodily machinery. By the exercises chosen for her, she soon develops elasticity, and an ease of motion equally as good when she stands on her head as when she assumes the ordinary standing position. For many of the exercises given do necessitate a well poised position, lying on a mat, with the heels in the air. Through the mastery of these motions the bodily sense of equilibrium and space is gained.

Another camper may have poor posture, or anemia, or poor circulation or elimination. Through her special exercises for strengthening those muscles which hold her well poised, and those exercises which will stimulate her heart



and other organs to their normal, regular, functioning, she finds her way back to physical energy. For each varied weakness the proper exercise is found and used. And because of this careful individual discrimination, results come many times more quickly than with the general gymnastics in common use.

Not that these are wholly omitted, for they too have their valuable place. A brisk setting-up drill is the indispensable beginning to the day at camp.

One of the most interesting activities carried on here is the fencing. In no other pastime or art is the interest so intense or so concentrated. Every faculty of the brain, every muscle of the body, is alert. Fencing gives to the body suppleness, ease, and grace of movement. Besides this it necessitates the most absolute courtesy and consideration for the opponent, whether one is winning or being humiliatingly defeated. A balance is here practiced, between the brain and the emotions, which quickly shows results.

Another exceptional activity at Pine Cove is the eurythmics class. This is for the purpose of studying rhythm through exercises done to music. Jaques Dalcroze, originator of this system, points out the value of such work by saying:

The gift of musical rhythm is not a mere

mental affair; it is physical in essence. . . .

Rhythm is a force analogous to electricity and the great chemical and physical elements,—an energy, an agent—radio-active, radio-creative—conducting to self-knowledge and to a consciousness not only of our powers, but of those of others.

The study of rhythm conduces to the formation of an individuality for all purposes of life—that is, a manner of expressing oneself according to the rhythm most natural and native to one's being, which again is largely dependent on one's constitution, blood circulation, and nervous system.

Certainly there is no other form of motion which gives the participant so keen a sense of achievement as thus coördinating the body and mind through concentration and will power.

As well as these unusual opportunities at the camp, the directors, two registered nurses, believe that time should be found for craft, hikes, games, and those small events which make up the ordinary camp programme. They feel that the play spirit in those who particularly need this camp life has all too often remained submerged, where it should have been brought out.

The end of the camp day, and the end of the camp season, find the camper of Pine Cove refreshed in body and soul, with a love for these liberating activities such as can be derived only from the personal experience of having lived them.

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Pine Cove Camp is another example of the rapidly developing "health" and "rehabilitation" activities open to women with a nurse's training.—Ed.

# HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

ALICE SHEPARD GILMAN, R.N., DEPARTMENT EDITOR

## HOSPITAL STANDARDIZATION<sup>1</sup>

BY AMY M. HILLIARD, R.N.

**T**HROUGH standardization, we effect economy of time, supplies, and money; make possible better care of patients and better teaching facilities for student nurses and physicians.

Through weekly inventory of all supplies in use and replacement by exchange of all equipment broken or defective, we keep the ward equipment intact and never give ground for the complaint that untidy or shiftless nursing on the part of a student is the result of her inability to find the proper supplies to use. The deposit of a breakage fee by each student enforces economy and makes for better care and supervision of ward supplies. It is not necessary to charge a student the whole price of a broken or destroyed piece of equipment, but it is necessary to charge enough to make it to her interest to take reasonable care of and to check up her equipment frequently. This is advantageous, not only to conserve the funds of the hospital for legitimate purposes, but to teach the student a proper regard for the property of others,—a habit which, from the complaints of the public, I fear she has not always formed before graduation from her school of nursing.

Under standardization of service, we should consider in detail the following hospital departments:

<sup>1</sup>The first article in this series appeared in the *February Journal*.

### MEDICAL DEPARTMENT

Attending and resident physicians, surgeons and medical students; their responsibilities and duties; physical diagnoses, histories, orders for treatment, hospital records, filing charts, etc.

### SCHOOL OF NURSING

Faculty, supervisors, head nurses, students; their responsibilities and duties.

### SPECIAL MEDICAL DEPARTMENTS

Admission and Discharge, Ambulance, Pharmacy, Operating Rooms, X-Ray, Pathological Laboratories, Metabolism, Electrocardiograph, Dispensaries, Social Service.

### WARD UNITS

Medical, Surgical, Pediatric, Gynecological, Obstetrical, Psychopathic, Communicable Disease, Eye and Ear, Nose and Throat, Private Pavilion, etc.

### DIETARY DEPARTMENT

Dietitian, Student Dietitians, General Dietary (a—patients, b—staff, c—nurses, d—employees, e—special diets); purchase, preparation and distribution of food supplies, checking waste.

### HOUSEKEEPING DEPARTMENT

Housekeeping supplies, employees' appointment, discharge, supervision of work; linen, laundry, carpentry, painting and repairs.

### ENGINEERING

Steam, hot water, electricity, refrigeration, plumbing, repairs for same.

### GROUNDS AND ROADS

### CLERICAL DEPARTMENT

Bookkeepers, historian,, stenographers, telephone operators.

### MEDICAL AND SURGICAL SUPPLIES

## MEDICAL DEPARTMENT

Inasmuch as the Trustees in the last analysis are responsible for all affairs pertaining to the hospital, and are liable in suits for damages against the hospital, and as the superintendent is their representative as the administrative officer of the hospital, it follows of necessity that the Medical Staff should be responsible to the superintendent for the conduct of its medical affairs. The Staff should be organized into the various services with a chief in charge of each service. It should appoint a Chairman and Secretary and such other officers as may be necessary, and meet at least monthly, not only to discuss the medical business of the hospital, but to hold clinical sections as well.

It should appoint an executive committee to supervise the medical affairs of the hospital; to standardize procedures such as pre-operative, post-operative and medical care of all patients in the hospital; and to make and enforce regulations governing the work of internes, such as the recording of accurate and complete physical histories, filing charts, and keeping complete medical and surgical statistics of the hospital. All applicants for appointment to the Medical Board should be approved by the Board before ratification by the Trustees. All recommendations concerning changes in medical procedure should be approved by the Medical Board before adoption in the hospital. Adequate space and facilities should be provided for meetings of the Board and its Clinical Section. Separate quarters with bedrooms, bathroom, smoking room and library, should be provided for internes.

The house staff should be appointed

by the Medical Board. There should be junior, senior and house officers. Each should have definite services allotted to him. The "house" should have supervision of private patients and special services; the senior, the surgical services; the junior, the medical, dispensary and ambulance services. The senior house officer should be held strictly responsible for taking and recording accurate physical histories and for filing charts of all patients discharged from the hospital. These should be checked up in the historian's office before nine o'clock every morning. Breakfast should be served not later than eight a. m. and rounds made on wards by internes not later than 9 a. m. It will be difficult, if not quite impossible, to regulate the hours for rounds for the surgical staff owing to the fluctuating number of daily operations, but the administration should encourage early morning surgical operations for the sake of the patients,—not only to conserve their nervous energy, but to give them the advantage of the skill of surgeons before they are fatigued by the day's arduous demands. Rounds should also be made by house officers at 8 p. m. and at such other times during the day as the condition of patients require. (Never at meal times.)

If the pathological laboratories are under the direction of an experienced pathologist and a technician appointed to assist him, the house staff will be saved much repetition routine work, but they should make all routine blood and urine tests except those made by student nurses. They must also be held responsible for teaching orderlies and supervising their technique for catheterization, etc. They should not

be expected to give anaesthetics, except under the supervision of an experienced anaesthetist.

#### SCHOOL OF NURSING

The School of Nursing should not be a hospital department. It should have independent status. In addition to its personnel, the hospital should provide: Offices; school buildings with (a—Single sleeping rooms, b—General lavatories and baths, c—Reception and recreation rooms, d—Lecture hall, e—Suite of class rooms, f—Teaching equipment and supplies, g—Libraries, reference and general.)

#### SPECIAL MEDICAL DEPARTMENTS

*Pathological Laboratory.* — There should be a paid pathologist in charge of the pathological laboratory and a trained technician to assist him. Routine urine and blood tests should be made on all patients admitted to the hospital and on dispensary patients whenever indicated. There should also be routine pathological tests of all tissue specimens from the operating room. Special tests should be ordered whenever indicated. If the patient is to receive the full use of the laboratory, it must be understood that he shall receive as varied and frequent tests as may be necessary for diagnosis or treatment. The simplest way to insure this is to charge each patient a fee for laboratory service. A charge at the rate of one day's stay in the hospital is workable. If a patient is paying \$5.00 a day, the laboratory charge which includes all pathological tests that may be needed or ordered shall be done for \$5.00; if the patient is paying \$2.00 a day it should be done for \$2.00 and if it is a free patient, it should be done for nothing. The number of tests that the patient receives

should not be controlled by the amount of money he is able to pay.

The laboratory should be for the use of the hospital exclusively and for the use of physicians in association with it. The pathologist should not be allowed to do city, county or private work in the hospital laboratory; he should conduct a laboratory of his own for such purposes outside the building.

The rate charged for tests ought to pay the salaries and provide the equipment and supplies of the laboratory, but it will not give a surplus.

#### X-RAY DEPARTMENT

*X-Ray Department.*—The roentgenologist should be a specially trained physician and the most competent and experienced man in this work in the community. He should have a graduate nurse to assist him. It will not be necessary for the nurse to be on full time as this service can be in conjunction with other services in the hospital, such as the giving of anaesthesia, the charge of dispensary, the work of a historian, etc. A good working basis is to pay the director one-half the receipts and have him pay one-half of the running expenses. This will keep up his interest in the department and enforce economy.

*Operating Rooms.*—The operating rooms should be in charge of a graduate head nurse. In addition to the usual operating room furnishings and equipment, the delivery room may be situated here unless the hospital is large enough to have a separate maternity department. The operating rooms should have the same system for ordering supplies as obtains in all other hospital departments and in addition it should

order the supplies of gauze and cotton for the entire hospital. All surgical supplies should be prepared, sterilized for use, and distributed from this center.

In addition to the graduate and student nurses, there should be an orderly on duty who should be held responsible not only for assisting with the lifting of patients, but for the cleanliness of the entire department as well as for the mending of gloves, cleaning of instruments, etc.

*Admission and Discharge Department.*—Very few small hospitals are so built that a central admission department is practical. Such a department should be under a competent head. Patients should not only be admitted here, but should receive medical examination, and be given an admission bath. Care should be taken of clothing and other valuables. The admission clerk should make all arrangements concerning responsibility for payment of the bill and should be responsible also that the patient receives all his belongings upon discharge from the hospital.

*Electrocardiograph Department.*—This department is seldom found in hospitals and is very rarely used wherever it may be found. It is introduced particularly for teaching medical students and is usually found in hospitals in affiliation with medical schools. The apparatus is very delicate and should be supervised and all work done by one person, preferably a physician. Changes in personnel here are very disadvantageous to both the hospital equipment and to the patient.

*Metabolism Department.*—The same situation is found here as in the electro-

cardiograph department. It is for research work or for teaching medical students and must be in the hands of experts, both medical and nursing. It is not generally used therapeutically.

*Ambulance.*—This is one of the most wasteful services in the entire hospital and it is difficult to standardize, owing to the jealousy between hospitals. There is very seldom any use in having a separate ambulance for each hospital. A central ambulance service, supported by all the hospitals of the community, would be cheaper and quite as effective. The present system is very demoralizing to the drivers and to other employees with whom they come in contact. If it is impossible to effect a centralization of ambulance service, the hospital can most economically run the ambulance by having the relief work done by one of the engineers, or by other hospitals.

*Pharmacy.*—It is unsafe to have any one but a graduate pharmacist in charge of the pharmacy. It is unnecessary, however, to have a full time man and it is usually possible to find such a man in one of the pharmacies of the community who can give the necessary service for reasonable compensation. The pharmacist should be held responsible for keeping accurate reports of the use of alcohol and narcotics and should check up their use on the wards with the orders of the physicians and surgeons. This system of check-up is likely to reveal mistakes in the giving of medications. The amount of drugs kept in the medicine closet on each ward should be regulated by the Medical Staff. The simplest way to effect this standardization is by making a list of the drugs ordered on a given ward over a period of six months. If each super-

vising nurse will make such a list from her drug order book and if the superintendent will call a meeting of the Executive Committee of the Medical Board, there will be little trouble in getting the authorization of a minimum list of drugs to be kept in the ward medicine closet. Such a plan eliminates unnecessary purchasing and prevents deterioration through lack of use of a very substantial number of drugs. All mineral waters should be kept in the pharmacy and the pharmacist should be held responsible for their distribution and for the charge for the same, as well as for the charge for special prescriptions and proprietary medications. He should requisition all drugs needed for this department. These requisitions

should be ordered only after approval by the superintendent.

*Dispensary and Social Service.*—If the dispensaries are organized so that all shall be held during morning hours, one succeeding the other, it will be found that one graduate supervising nurse with the assistance of student nurses can manage them successfully in conjunction with the work of the Social Service department. This plan leaves the nurse available, afternoons, for follow-up work on both hospital and dispensary cases. She should have had post-graduate preparation for her work and should be given the backing of a strong committee, to whom she should report at regular and frequent intervals.

(To be continued)

#### OUR CONTRIBUTORS

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## STUDENT NURSES' PAGE

### HEALTH<sup>1</sup>

By B. M. LeFevre

*Highland Hospital School of Nursing, Rochester, N. Y.*

WHEN one thinks of doctors and nurses, what is the most closely connected thought that follows? Sickness. We see and hear so much of illness and disease that we forget health. Freedom from disease does not necessarily mean health. We have all seen people who were free from disease and yet were constantly ailing. Health is a state in which the mental, moral, and physical makeup is in condition to enable one to live efficiently and happily. With these conditions in mind let us look for a person who has health. Unfortunately, such an one is hard to find.

Here comes a group of nurses just off duty from a hard day's work in the wards. Few of them could be said to possess health,—real health,—positive health. Here comes one; why is she different from the rest? Her day's duty has not left her exhausted. How high her spirits seem, how bright her color, and how clear her eyes are! Let us observe this girl and try to discover the source of her abundant health.

Notice how easily she carries herself. Her body is plainly her very obedient servant. What an erect posture she maintains, chest and head are well up, abdomen flat, all organs in a normal position. How easy and springy her walk is. Can it be that her shoes would make that difference? Notice the flexible sole, the broad rubber heel, and the

room in the toe space. This room for the exercise of toe muscles accounts for her graceful ankles. No flat feet with her sensible shoes!

There she goes ready for a walk; no fear for exposure, even on a windy day because she is seasonably dressed. She recognizes the fact that a walk in the open air brings appetite, color, and good sleep.

While she is out, let us notice her room. How clean, light, and airy it is. Here are her skates and tennis racquet. Sports and play help to keep our wise girl fit and efficient. About ten hours from each day are spent in this room, at least eight of them in sleep. No morning headaches or tiredness for her. She knows that sound sleep builds up a fatigued nervous system and gives it a chance to repair injuries.

What does she eat? Does diet have any relation to health? We find that she uses no tea or coffee, takes meat sparingly, and does not eat an excess of sweets. Milk, eggs, fruits and vegetables are her main foods. She drinks plenty of water. She uses diet, not drugs, to keep her digestive tract free from waste materials.

One of her hobbies is cleanliness. A daily bath is never slighted. Always followed by a cold shower, her bath acts as a tonic to her body and also decreases her susceptibility to colds. Hair, nails, and teeth are all kept scrupulously clean and consequently beautiful.

<sup>1</sup> Written as a class exercise.

Another rule she has is to read some beautiful poem, see some beautiful picture, or hear some beautiful music every day. She says this is bathing her mind and spirit. She keeps broad minded and develops herself physically.

mentally and morally to the best of her ability.

Let us all keep her ideals in mind and strive to do likewise that we may build a foundation of health that will last us as long as we care to live.

### HOW DOES YOUR STATE STAND?

The following table shows the rating of each State Association by percentages in a comparison of the membership with Journal subscribers for the month of February:

**Over 100%**

Oklahoma

**Between 70% and 80%**

Alabama, Florida

**Between 60% and 70%**

Mississippi, Kentucky, South Dakota, West Virginia

**Between 50% and 60%**

New Mexico, Illinois, Wisconsin, Ohio, North Dakota, Pennsylvania

**Between 40% and 50%**

Kansas, Indiana, Wyoming, Arizona, Idaho, Iowa, Virginia, Maine, North Carolina, New Hampshire

**Between 30% and 40%**

New Jersey, Michigan, Massachusetts, Arkansas, Texas, Georgia, Nebraska, Delaware, Rhode Island, Oregon, Minnesota, South Carolina

**Between 20% and 30%**

Washington, Connecticut, Utah, District of Columbia, New York, Tennessee, Montana, Missouri, Nevada, Maryland, Colorado, Vermont

**Less than 20%**

California, Hawaii, Louisiana

### WHERE TO SEND MATERIAL FOR THE JOURNAL

Send all news items, notices and reports of meetings, subscriptions, changes of address, Want advertisements, all other advertisements and all business correspondence to the Rochester office, 19 West Main Street, Rochester, N. Y.

Send articles for publication, books for review, and editorial correspondence to the New York office, 370 Seventh Avenue, New York.

## LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words in length and should be accompanied by the name and address of the writer.

### A WIRELESS FROM CHINA FOR YOU !

**D**EAR EDITOR: The message comes from the General Secretary of the Nurses' Association of China. "Need desperate. Call urgent. Can you respond?" Superintendents are breaking at their posts, leaving Schools of Nursing unprovided for. Old Registered Schools will have to be closed. New schools clamoring to be opened have no Superintendents to care for them. Splendid young men and women wanting to be trained have to be refused. Calls for graduate nurses can not be answered. Who ever heard of a hospital without a nurse? and yet there are scores in China where the doctors have asked for some, for years, and no nurses come to help. These calls come to me until the cry has gotten into my very soul and tonight, on a little coast steamer somewhere off the coast of China, as I am making the rounds of our Schools of Nursing, I am going to tell you about it. I care not what your nationality, if you are a nurse I am telling this to you. I am pleading for China, for the China I love. China the ancient! She has a written history of over five thousand years. China the Beautiful! A great world traveler has said, "God has ravished earth and heaven to make China beautiful." China the Great! Her borders extend from bustling Shanghai to the snow-capped mountains of Thibet and from frozen Russia to sun-kissed Kwangtung. China the wonderful! Think of her two thousand miles of the Great Wall, her Altar of Heaven, where sacrifices have been offered for thousands of years, of her hundreds of miles of artificial water way, imperial canals, of her great stone bridges, pagodas, and temples and with her wonderful written character language. China, the multitude! Over four hundred million people or one-fourth of the world's population belong to China. China the needy! All diseases known to humanity are here and many kinds never heard of outside. One-third of the babies born in the world are Chinese babies. The best doctors tell us that eighty per cent. die before

they are five years old. Seventy-five per cent. of the blindness is due to babies going blind before they are eight days old. One death from tuberculosis occurs every thirty-seven seconds. Mothers die without care or help, when only a little care would save both lives. Cities, whole districts, are yet untouched. Nurses are breaking at their posts, invalidated home. A few years ago, a few of us came to China. There was no Association, no textbooks, no schools of nursing, and no word for "nurse" in the Chinese language. We were told that China did not want us, did not need nurses, and we were advised to take up educational work, but a few slipped by, and got in, and began the education of nurses. The years quietly slipped away. Let me raise the curtain for you again in 1922. The Nurses' Association of China has a roll of over five hundred members, over sixty schools of nursing are registered, with a standard, uniform curriculum. It holds its own national examinations and issues its own diplomas to successful candidates. It offers two postgraduate courses, so when the complete course is taken the student holds three school and three national diplomas. Textbooks are translated. It holds a national convention every two years. *The Quarterly Journal for Chinese Nurses*, the official organ of the Association, is published in both English and Chinese. In May, 1922, the Association was admitted to membership in the International Council of Nurses. This work has grown beyond the fondest dreams of the founders. Young men and young women are asking to be trained. From all classes comes the call for nurses, for all kinds of work, hospital positions, army, navy, schools, institutions, public health, infant welfare, maternity and all other kinds of work. Foreign nurses are wanted for superintendents of and instructors in Schools of Nursing, to establish Public Health work on the Districts, and to do all kinds of hospital work. The work is still chiefly in the hands of the missionary nurses and nurses are here from every

country, all working together to help China to health and happiness. Now is the day for the nurse in China. She is wanted. She is welcomed by all. Her place is ready for her. The work no one else can do is waiting for her. The Mission Boards are calling for volunteers. We need you. No other country needs you so much. In the home countries you are one among thousands. You are one among hundreds on the Registry. You know, yourself, that dozens could fill your place the minute you left it. You are not satisfied. You have only one life to live. That life will soon be over and the opportunity gone forever. You want to do something for humanity. You want to feel that you are getting the richest returns out of the investment of your life. When life is over you want to feel it has not been lived in vain. I know just how you feel for I have been through it, and so have scores of other nurses over here. Break away. Come on. We need you. Help us save these precious baby lives. Found a school of nursing and know the joy of building it up. Get the thrill of being the only nurse to a whole hospital, or city, or district. Help carry the light of the Lady of the Lamp to the darkest corners. Pioneer work? Yes. Hardships? Yes. Burdens? Yes. Hard work? Yes. Privileges? Yes, on every hand. Joys? Yes, undreamed of. Opportunity for service? Yes, beyond your fondest dreams. All this and more,—the love of a great people awaits you. Personally, after fifteen years in China, I can say from the depths of my heart, "I am glad I came. If I had the life choice to make over again knowing all that I do now, I would do the same thing." The Great Physician is calling for nurses to help Him heal the broken bodies and mend the torn hearts and bind up the open sores of China's millions. We, who are in the front firing line of the battle for the health of this great people say, with a song of victory in our souls, "Come, we need you. Will you join us?" Get in touch with your Mission Board and catch the first steamer. The Nurses' Association of China extends an invitation to you to come and share our burdens and our joys.

CORA E. SIMPSON, R.N.

Shanghai.

#### LOOK BEFORE YOU LEAP

DEAR EDITOR: No one has estimated the number of nurses who leave the United States for other countries to fill positions in their profession. Now, it is possible that every nurse may have a guardian angel but as experience has proven to others, and to me, they are not always able to help us when in need and it is certainly more businesslike to have a better method of protection to gain any desired results. If warnings similar to this have been given in this magazine I trust this will only add greater emphasis to the fact that nurses should be protected, legally, wherever they go, as their profession alone will not do it and they should not depend upon it. Anything personal quoted here is simply because I have been one of the many to depend blindly upon the honesty of people and I do not want any other nurse to be ignorant of what she should justly demand when accepting a position outside of the United States. Every position needs to be protected through a contract or an equivalent and if that fails, by appealing to an organization generally composed of persons interested in working conditions who officially follow up all appeals which are presented to them. Yet we as a profession, go to foreign countries, in or out of hospitals and often as in the cases I know of and in my own experience, we are not even permitted to sign a contract, thus leaving us open to instant dismissal miles away from home and with no method of defending ourselves. The Superintendent of a hospital in Panama City, who is an American officer detailed for duty there by our government, boasted to one of the nurses in the hospital that he could discharge his nurses any time he so desired and he has not only been doing it in the past, but is still doing it, and intends to do it in the future unless sufficient publicity prevents. I know personally some nurses who went to hospitals in Colombia, S. A., some under the control of American doctors, who were forced to leave because of non-payment of salary for four or five months and who never received the amount they were entitled to have. Others went to a hospital in Cartagena which was under the supervision of Colombians, who not only

received no money but could obtain no aid from the representatives of their government in the many difficulties which they had before they could leave the country. In Panama, following the best legal advice and because many of the nurses in the hospital belonged to the American Legion, the Canal Zone Post was informed of the unfair treatment a member had recently received from another member, as all parties concerned belonged to the organization. It is a wonderful aid to nurses when traveling to be a member of an organization which has branches outside of the U. S. and one which is pledged to protect all who have seen service. Since there was no question of a broken contract, no direct legal case could be made and the treatment received by the nurse could only be brought to court as one of the links of a chain which was needed to obtain the aid of the law which was used later to make secure what should be the right of every American nurse as a citizen and as a member of a profession which is received as one of the highest in her country and is in demand in other countries because of its excellent standard. A nurse should refuse to accept any position in a foreign country without a satisfactory contract which should include a clause referring to a recompense for a return passage or its equivalent. This in combination with a membership in an organization which is powerful enough to be felt in other countries will give protection under ordinary circumstances.

Canal Zone.

L. R. O.

(The warning given in this letter is timely, but it applies only to those nurses who go out on their own responsibility without any form of contract. Those who are thinking of responding to Miss Simpson's appeal for missionary nurses will be glad to know that we are assured on the authority of the Student Volunteer Movement that "practically all of the missionary societies have a form of contract which is very simple but which binds the missionary society effectively. This includes such things as care in case of sickness, returning to the United States at the expense of the Society in such instances where this seems necessary, irrespective of the length of time of service.")

#### OUR DAY

**D**EAR EDITOR: We would like you to know of the delightful program which we enjoyed the day of our acceptance at the end of our probationary term. When we entered on September first, we had the record of thus far being the largest class to enter training here. Our probationary term held its discouragements and disillusion, of course, and we were certainly glad when it was finally ended. The day after our acceptance we were given a holiday. In the afternoon we were guests at a tea given by Mrs. Genevieve M. Clifford, our superintendent, Miss Almena Porter, assistant superintendent, and Mrs. Mary Peabody, our instructor. They entertained us at our new nurses' home, named in memory of Jane A. Delano. We spent a very enjoyable afternoon getting better acquainted, with all formality discarded. In the evening we were given our bibs, and at 8 o'clock all student nurses met again at the Jane A. Delano Home in uniform for the programme which had been arranged for the evening. Many of our relatives and close friends were present. Our programme opened with a prayer by Dr. J. Clark Glover of Trumansburg, after which Reverend Henry Horton spoke to us on *The Ideal of Service*. Miss Glover, one of our class, sang a solo. Then we had the pleasure of hearing Martha Eakins, the State Inspector of Training Schools, speak on "Opportunities of Nursing." We were very fortunate indeed to have her, with us and appreciated so much the effort she made to be present. It was a privilege to hear her talk, for her sincere enthusiasm makes one ashamed that she was ever disheartened by small obstacles. We are all looking forward with a great deal of pleasure to her next visit. After her talk, Dr. Wattenburg, of Cortland, spoke on *Nursing as a Profession*. Then Mrs. Clifford presented us with our caps. An informal reception was held during the remainder of the evening. It was a most happy occasion. Our caps were the last things to be removed that night, and it was fine to wake up next morning and know that we were "Proben" no longer.

SARAH A. COLEMAN.

Ithaca City Hospital, Ithaca, N. Y.

## HEADQUARTERS AMERICAN NURSES' ASSOCIATION

BY AGNES G. DEANS, R.N., *Secretary*

TO the nurses of the country—especially the 41,419 members of the American Nurses' Association—greetings from your Headquarters, and although it may be a belated message, nevertheless we think it not too late to wish you a Happy New Year,—and well it may be, if you pause to think of all your achievements within the quarter of a century as an organization, for the profession and the welfare of the community at large.

But not content with what has been accomplished, you press on to greater things with an astonishing desire to meet your obligations, not only to the public, but to each other—and these are the reasons for the existence of our national Headquarters.

484 On page 454 you will find that Miss Taylor, Executive Secretary of the National League of Nursing Education, has given a brief history of the establishment of Headquarters.

In anticipating the possibilities for the further development of the activities of the American Nurses' Association, it is difficult for the brain of one person to conceive a complete plan, but what we wish to do, is to interpret what is in the minds of the nurses of the country and to transmute it into an expanded programme. With this as our object, we look to you for suggestions, criticisms, and counsel—for it is the greatest responsibility you have ever assumed. No one person could undertake it without the help and advice of every individual.

Your past loyalty and support is the

reason your Secretary has consented to serve at Headquarters for a year,—to make such adjustments as seem advisable, to determine what may be the duties of a Headquarters Secretary, and to what extent the clerical work of other officers, now carried by over-burdened women, may be transferred.

You will be interested to see at a glance the many financial responsibilities the members of the American Nurses Association have undertaken within the past fifteen years; namely,

1. Contributed \$28,000 towards the chair of Nursing and Health at Teachers College.

2. Purchased the stock of the *American Journal of Nursing*.

3. Subscribed \$27,923.84 to the Robb Memorial Fund.

4. Established a Relief Fund which up to date has reached the sum of \$66,846.04.

5. Made a contribution of \$1148, to the McIsaac Loan Fund.

6. Gave \$50,992.10 as a Memorial of American Nurses to the Florence Nightingale School for Nurses, Bordeaux, France.

7. At the present writing \$24,000 has been subscribed to the Jane A. Delano Memorial Fund.

8. In response to an appeal from the Russian Red Cross Nurses, through Mlle. Romanoff, \$459 has been received.

This makes a total of \$199,368.98—and the end is not yet, for by adopting the plan suggested to increase your annual dues you have made it possible to meet a budget of \$4418.33 in order to

carry on the work at Headquarters, which will cover the expenses for six months.

It will be expended as follows: Salary of Secretary, \$1800; half salary of a person to assist with the work of the Placement Bureau, \$500; one-half salary of filing clerk, \$330; stenographer, \$705; rent, \$594; telegraph and telephones, \$84.46; shipping room service, \$24; postage, \$60; mimeographing, \$30 printing and stationery, \$31.25; insurance, \$2.15; emergency fund, \$75; petty cash and toilet supplies, \$34.95; information desk service, \$23.52.

It was found necessary to put in a partition to accommodate the secretaries in separate offices which will amount to about \$90 and also the walls and ceilings had to be painted, amounting

to \$34. With the extension of time until June 1st, 1923, to meet the increase in dues, the Board of Directors feels confident of the outcome.

Whether this seems a good investment to you or not, will be shown by the way you do your part in telling us your problems, thus using the Headquarters to help you solve them, thereby giving greater service to nurses and those they serve, which is one of the original purposes in coming into being as a national association.

One of the real pleasures of the work at National Headquarters, which compensates for the lack of the direct contact with patients, and which all real nurses find a genuine deprivation—is the unusual *esprit de corps* which prevails.

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#### ANOTHER WARNING

A man calling himself a medical student of Johns Hopkins, and giving his name as Case, was in Washington, D. C., the latter part of February, representing himself as 'an agent for the *Public Health Nurse*, the *American Journal of Nursing* and the *Trained Nurse*. No such agent has ever been authorized to represent the *Journal* and probably the same is true of the other two magazines. The name Case has been used in many parts of the country by a man who takes and keeps subscription money.

The *Journal* is indebted to Miss Minnegerode for this information.

Why do nurses continue to entrust their funds to men whom they do not know?

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#### PATTERNS FOR MATERNITY DRESSES

Last year the Metropolitan Life Insurance Company gave to the mothers of the industrial policy holders many thousand layette patterns. Meeting with a great success they decided to help the expectant mother so that she might be comfortably as well as suitably clothed. A trained nurse in one of our largest pattern houses designed for her own workers a maternity dress which has been passed on by leading obstetricians, who say at last the right dress has been found for the little mother.

This pattern is being given to industrial mothers by the Metropolitan Life Insurance Company. Nurses may obtain it by writing to the Company, 1 Madison Avenue, New York City.

# NURSING NEWS AND ANNOUNCEMENTS

## NATIONAL

THE BOARD OF DIRECTORS OF THE AMERICAN NURSES' ASSOCIATION met in New York, January 17-19, 1923. Joint meetings with the other national boards, and committee meetings, were held also. It was decided to extend the time for paying dues to June 1st, next. Miss Sly tendered her resignation as chairman of the Revision Committee and the work was transferred to the Secretary in the Headquarters office. A Section on Government Services was created, and the superintendents of the four services,—Army, Navy, Public Health, and Veterans' Bureau—were appointed a committee to make plans for its meetings in 1924, subject to the approval of the Programme Committee. Members to serve on the National Committee of Red Cross Nursing Service were appointed: Mrs. Eliot Wadsworth, Agnes G. Deans, and Mary M. Roberts. The secretary, Agnes G. Deans, was authorized to receive contributions for the relief of Russian Red Cross nurses. The Board of Directors, acting for the stockholders of the *American Journal of Nursing*, elected the members of the *Journal* Board for the coming year: Mrs. Ethel Clarke, S. Lillian Clayton, Bena M. Henderson, Elsie M. Lawler, Mary M. Riddle, Mrs. J. E. Roth, Sarah E. Sly. At a meeting of the *Journal* Board, officers were elected: President, Sarah E. Sly; secretary, Elsie M. Lawler; treasurer, Mary M. Riddle.

THE ISABEL HAMPTON ROSS MEMORIAL FUND COMMITTEE reflected officers: Chairman, Elsie M. Lawler; secretary, Katharine DeWitt; treasurer, Mary M. Riddle. Three scholarships of \$250 each, are offered from this Fund for 1923-24, to students wishing to prepare for teaching and administrative work in training schools for nurses. Candidates must have had one year of experience in such work.

## NURSES' RELIEF FUND

### REPORT FOR JANUARY, 1923

#### Receipts

|                                    |             |
|------------------------------------|-------------|
| Balance on hand.....               | \$11,815.34 |
| Interest on bonds.....             | 166.25      |
| Interest on Liberty Loan bonds.... | 23.75       |

|   |        |
|---|--------|
| Alabama: State Association of Graduate Nurses .....   | 15.00  |
| Arkansas: Sale of <i>American Journal of Nursing</i> at State meeting.....  | 1.40   |
| California: District No. 3, \$10; Dist. No. 5, \$13.50; Dist. No. 6, \$9; Dist. No. 9, \$25; Dist. No. 15, \$7; Dist. No. 17, \$3.....  | 67.50  |
| Connecticut: Welfare Nurses' Club of New Britain, \$25; one individual, New Haven, \$5; Stamford Hospital Training School Alumnae Assn., \$32.56.....   | 62.56  |
| District of Columbia: District of Columbia Association .....  | 60.00  |
| Illinois: District No. 1.....   | 15.00  |
| Iowa: District No. 7.....   | 3.50   |
| Maryland: Nurses' Alumnae Assn. of University of Maryland, \$65.50; one individual, Baltimore, \$1; one individual, Towson, \$1.....  | 67.50  |
| Michigan: Dist. No. 1, \$56; Dist. No. 8, \$25 .....  | 81.00  |
| Minnesota: Dist. No. 5, \$12; Dist. No. 4, \$1; Asbury Alum. Assn., Minneapolis, \$6 .....  | 19.00  |
| Missouri: The Wesley Hospital Alum. Assn., Kansas City, \$59; five individuals, \$5 .....   | 64.00  |
| Nebraska: Dist. No. 3, \$74; Dist. No. 1, \$42; sale of <i>Journal</i> at Annual Meeting at Omaha, \$1.05....   | 117.05 |
| New Hampshire: New Hampshire Memorial Hosp. Alum., \$4.10; one individual, Concord, \$1 .....   | 5.10   |
| New Jersey: Alum. Assn., Orange Memorial Hosp., \$10; St. Barnabas Hospital Alum. Assn., \$15; one individual, Newark, \$2; Dist. No. 6, \$18 .....   | 45.00  |
| New York: Dist. No. 6, Hepburn Hospital Nurses' Alum., \$15; Dist. No. 8, Saranac Lake, \$46; Dist. No. 13, one individual, \$10; Dist. No. 8, Champlain Valley Hosp., Nurses' Alum., \$25; one individual, Albany, \$10; Alum. Assn., St. Joseph's Hosp., Syracuse, \$1; Rochester General Hosp. |        |

|   |        |
|---|--------|
| Alum. Assn., \$100; Dist. No. 14, \$6.50; Dist. No. 13, St. Mark's Hosp. Alum., \$25; two individuals, \$6  | 244.50 |
| Ohio: Seton Hosp. Alum. Assn., Cincinnati, \$25; Jewish Hosp. Alum. Assn., Cincinnati, \$25; Mercy Hosp. Alum. Assn., Hamilton, \$25; one individual, Struthers, \$1; one individual, Youngstown, \$1 | 77.00  |
| Oklahoma: State Nurses' Assn., \$17; Nurses of St. Anthony's Hosp., Oklahoma City, \$31; El Reno Sanitarium Alum. Assn., \$16; Dist. No. 4, \$13; Dist. No. 5, \$19; Dist. No. 2, \$30                | 126.00 |
| Texas: Dist. No. 2  | 17.00  |

Total Receipts, January 31, 1923...\$13,093.45

#### Disbursements

|                                   |             |
|-----------------------------------|-------------|
| Paid to 29 applicants for January | \$440.00    |
| Exchange on checks                | 45 440.45   |
| January 31, 1923, balance         | \$12,653.00 |
| Invested funds                    | 59,250.00   |
|                                   | \$71,903.00 |

NOTE.—All investments are carried at par value. \$17.04, "Premium on Liberty Bonds," will not appear again under the heading "Invested Funds."

The request has been made for the Treasurer to explain September disbursement "Contribution to Jane A. Delano Fund through Nurses' Relief Fund, \$37.50." This amount was sent in with the request "to forward." It is not a gift from the Relief Fund to the Jane A. Delano Fund.

V. LOTA LORIMER, R.N., Treasurer.

Contributions for the Relief Fund and requests for blanks should be sent to the American Nurses' Association, 370 Seventh Avenue, New York. For information, address E. E. Golding, Chairman, 317 West 45th St., New York.

#### ARMY NURSE CORPS

In January, 1923, the following named members of the Army Nurse Corps were or-

dered transferred to the stations indicated: To Station Hospital, Ft. Benning, Ga., 2nd Lieut. Beatrice M. Dare; to the Hawaiian Department, 2nd Lt. Viva B. Brickley; to Station Hospital, Ft. Leavenworth, Kas., 2nd Lt. Ida E. German; to Letterman General Hospital, San Francisco, Calif., 1st Lt. M. Estelle Hine, and 2nd Lieutenants Florence M. Bailly, Josephine Kennedy, Catherine G. Hoff, Marie L. Pace, Phebe L. Greer, Elsie J. Wiggs, May V. Greenleaf, Grace E. Keener, Gail Langworthy; to the Philippine Department, 2nd Lieutenants Beatrice E. Colburn and Elizabeth Kenny; to Station Hospital, Fort Sill, Okla., 2nd Lieutenants Kathryn R. Edwards, Mary Miller, Karoline Nilson; to Walter Reed General Hospital, Washington, D. C., 1st Lt. Lyda Keener, 2nd Lieutenants S. Eleanor Greha, Amanda Faunce, Mary O'Donnell, Anna Reeves, Gertrude M. Weaver; to Station Hospital, West Point, New York, 1st Lt. Jessie M. Braden.

Orders have been issued for the separation from the service of the following named 2nd Lieutenants, A.N.C.: Mary C. Anderson, Maud A. Conkling, Marie L. Galley, Alma Gassman, Elizabeth D. Grimes, Sven Long, Ruby H. Loring, Thelma Loudon, Mary A. Smith, Maude C. Tangye.

On February first Captain Elizabeth D. Reid, Assistant Superintendent of the Corps, reported at Teachers College, Columbia University, New York City, for the purpose of taking a course of instruction, to last approximately nine months, in the Department of Nursing and Health.

At the request of the American Committee for Devastated France, Major Stimson was authorized by the War Department to make a study of certain conditions in Paris which relate to the organization of a school of nursing for French women. For some months the American Committee for Devastated France has been planning to establish in France a school of this kind on American lines, as such a school has been requested by the French medical authorities. The matter, which involves the sum of a million dollars, is in the hands of a committee in the United States, composed of experts on schools of nursing. On this Committee are such authorities as Dr. W. H. Welch of Johns Hopkins,

Dr. C. E. A. Winslow and Dr. Rappelye of Yale, Dr. Richard O. Beard of the University of Minnesota, Dr. Parnell of the University of Michigan, Jerome D. Greene of the Rockefeller Foundation, M. Adelaide Nutting of Columbia University, Clara D. Noyes of the American Red Cross Nursing Service, Annie W. Goodrich of the Henry Street Settlement, etc. They have drawn up a budget and worked out a detailed plan for the organization of the school, but before they can proceed further with their plans, it is necessary for them to have certain information about the possibility of affiliation with the University of Paris and other matters relating to the local situation. To secure this information, Major Stimson's services were requested, as she was familiar with training school organization and with university affairs, and she had had an extended residence in Paris and in other parts of France during the recent War. Major Stimson sailed February tenth and expects to return before the 1st of June.

By the recent order of President Harding returning the troops from Germany, the four members of the Army Nurse Corps who still remained in Coblenz were directed to proceed to this country, and have been ordered to report to Walter Reed Hospital for duty.

#### ARMY SCHOOL OF NURSING

On Saturday evening, February 3rd, the New York Alumnae of the Army School of Nursing held a Reunion Dinner at Henry Street House, New York City. Barbara Price, President of the Association, read a message from Major Stimson, which gave information about the affairs of the Army School of Nursing.

JULIA C. STIMSON,

*Major, Superintendent, Army Nurse Corps,  
Dean, Army School of Nursing.*

#### NAVY NURSE CORPS

*Transfers:* To Annapolis, Md., Martha Schmidt; to Chelsea, Mass., Mary T. O'Connell; to Great Lakes, Ill., Mabel M. Powell, Chief Nurse; to Haiti, Mary L. Drohan, Katherine M. Gallagher; to League Island, Pa., Adah L. Farnsworth, Helen J. Lord; to Mare Island, Calif., Ruth Dawson, Josephine Y. Raymond; to Mare Island, Navy Yard

Dispensary, Mary H. du Bose, Chief Nurse; to Newport, R. I., Mary E. Moore; to New York, N. Y., Florence M. Gibson, Helen M. Mechlin, Ellen M. Olson, Florence M. Vevia, Chief Nurse; to New York, Supply Depot, Nell I. Disert, Chief Nurse; to Norfolk, Va., Mary A. Kief, Ethel T. Lawrence, Anna G. Mays, Kathleen O'Brien, Grace B. Vestal; to Portsmouth, N. H., Lulu L. Cronkhite; to Puget Sound, Wash., Lucy A. West; to San Diego, Calif., Dema V. Leopold, Louise Preusser; to U. S. S. *Mercy*, Mary P. Young; to U. S. S. *Relief*, Caroline O. Speas; to Washington, D. C., Frances C. Bonner, Kathryn M. Bonner, Della V. Knight, Chief Nurse, Frida Krook, Chief Nurse, Louise E. Langstaff, Loretta McDonald, Ruth B. Mentzer; to Dispensary, Washington, D. C., Mary D. Towse; to Bureau of Medicine and Surgery, Washington, D. C., Anna G. Davis, Chief Nurse.

*Resignations:* Bessie L. Coombs, Annabel Griffith, Esther C. Kastrop, Elizabeth Long, Celia M. O'Berry, Rebecca N. Rollins, Anna M. Swanson.

*Inactive Status:* Ellen Samuelson.

#### THE HOSPITAL CORPS TRAINING SCHOOL OF THE NAVY

Under the Act of May 13, 1908, Congress established the Nurse Corps of the Navy for the purpose of caring for the Navy sick and to be a great factor in the training of its Hospital Corpsmen; that they may become proficient in the care of the sick and well qualified when placed in responsible positions on its ships, as well as when attached to all landing forces of the Navy and expeditionary forces of the Marine Corps, serving in all parts of the world; and when detailed for Public Health duty in those possessions of the United States, under Naval administration, such as Guam, Samoa, and the Virgin Islands.

As our Hospital Corps men become qualified, in time, as pharmacists, as X-ray, bacteriological and chemical technicians, administrative assistants, instructors, and become skilled in hydrotherapy and electrotherapy, it can readily be seen that at the expiration of a four-year enlistment they have been well trained in all departments and in the responsi-

bilities of a dignified work. Men who have attained the highest enlistment rating in the Hospital Corps (that of Chief Pharmacist's Mate) are much in demand by industrial corporations as first-aid men.

It is the desire of the Bureau of Medicine and Surgery that the training of our men may meet the requirements of the State Boards so that upon completion of their enlistments, if they desire to leave the Service, they will be qualified to take the State Board examinations for registration in whatever State they desire to become established.

At the request of the California State Board of Registration the Hospital Corps Training School at San Francisco has met the State Board requirements; and negotiations are now pending with the Virginia State Board for the accrediting of the Pharmacist's Mates' School at Portsmouth, Virginia.

The course given in the Hospital Corps Training School is largely theoretical, covering a period of four to six months, and the instructors are members of the Medical Corps, the Nurse Corps, and the Hospital Corps. Plans are now being made whereby the men after passing examinations shall be detailed to our large hospitals where not only will the theoretical work be continued but practical work will be performed under the immediate supervision of qualified Navy Nurse Instructors, whose duties will be class and follow-up work. This, however, will not interfere with the responsibility of the Charge Nurse of the Ward in her direct responsibility of the teaching of bedside nursing.

To sum up, the Bureau of Medicine and Surgery is building a programme for the development of its Hospital Corpsmen that not only gives them an incentive to become well qualified men whether or not they continue in the profession, but it gives the Navy Nurse Corps a splendid work and one of great responsibility.

J. BEATRICE BAUMAN,

*Superintendent, Navy Nurse Corps.*

#### U. S. PUBLIC HEALTH SERVICE NURSE CORPS

*Transfers:* To Savannah, Ga., Anna Purcell, Act. C.N.; to Hagerstown, Md., Division of Child Hygiene, Catherine Winters, A.C.N.;

to No. 3, Buffalo, N. Y., Emma Brown; to No. 21, Stapleton, N. Y., Elizabeth Tierney; to No. 43, Ellis Island, N. Y., Gertrude Duchez, Anna Wahl; to No. 10, Key West, Fla., Grace F. Kissling, A.C.N.; to No. 9, Ft. Stanton, N. M., Margaret Duffy; to No. 16, Portland, Maine, Mary Toose.

*Reinstatements:* Jessie Guzman, Bernice Chapman, Anna Wilbert, Ida Seright, Elsie Shuman.

It is with very great regret that we have to announce this month the death in line of duty of Edith M. Hartzel of basilar meningitis at Ellis Island. Miss Hartzel's home was in Chalfont, Pennsylvania. She was a graduate of the Army School of Nursing. She was very much beloved at the hospital and her untimely death is felt as a very distinct loss to the nurses who worked with her. Services for Miss Hartzel were held in the Episcopal Church at Ellis Island. The casket was draped with the American flag and a cross of white roses rested upon it. Six nurses and six doctors from the Service in full Service uniform acted as honorary pallbearers.

LUCY MINNIGERODE,

*Superintendent of Nurses, U.S.P.H.S.*

#### U. S. VETERANS' BUREAU NURSE CORPS

*Transfers:* To Palo Alto, Calif., Lillian E. Noeth; to Alexandria, La., Mrs. Georgia Scott; to Washington, D. C., Emma M. Broadus; Mrs. Blanche Lomax; to St. Louis, Mo., Annie Ferguson, Ethel M. Fuss, Beatrice A. M. Kenny, Theresa McDermott; to W. Roxbury, Mass., Mary A. Brennan, Thora H. Grubbe; to Dwight, Ill., Fannie Burnham, Annie B. Grimes; to Bronx, N. Y., Lucy K. Corthell, Elizabeth F. Keegan, Henrietta Himmer, Evelyn L. Adams, Elizabeth McDowell; to Waukasha, Wis., Sue Suloff; to Parryville, Md., Allis M. Eldred; to Atlanta, Ga., Alice E. Baird, Alice C. Blake, Isabel Brown; to Augusta, Ga., Susan Matheson; to Philadelphia, May A. Musel; to Whipple Barracks, Katherine Kirby, Anna M. Schwirtz; to Tucson, Ariz., Anna G. Coyle, Werta T. Johnson; to Boise, Idaho, Rhoda Halbert, Anna L. Kolbe; to Memphis, Tenn., Margaret C. Allabaugh; to Lake City, Fla., Ruth Carter; to Memphis, Tenn., Harriet L. George.

**Reinstatements:** Dorcas C. Avery, Elizabeth T. Crocker, Sarah E. Daly, Ivy Lautzenhiser, Cecil L. Turner, Helen P. McCall, Anna R. O'Donnell, Mrs. Samuel A. Soper, Estell K. Starr, Mary J. Duval.

#### FOLLOW-UP NURSING

**Transfer:** Grace George to District No. 2, New York.

During the month Margaret Belyea, Director of Nursing, Psychopathic Hospital, University of Iowa, reported to the Central Office, Washington, D. C., and was detailed to St. Elizabeth's Hospital, Washington, D. C., as Instructor for the School in Psychiatry for nurses being conducted there by the U. S. Veterans' Bureau. The official opening of the school took place January 15. Addresses were made by the Director of the U. S. Veterans' Bureau, Colonel Patterson, Assistant Director in charge of the Medical Division, Brigadier General Sawyer, Dr. White, Superintendent of St. Elizabeth's Hospital and Dr. Hutchins, Consulting Specialist in Psychiatry in the U. S. Veterans' Bureau. In his opening address Director Forbes complimented the nurses on the excellent work they have done with the ex-service men and offered his loyal support to them in their work for the future. Besides the thirty nurses detailed from the U. S. Veterans' Bureau Nursing Service to take this course, there are two nurses detailed from the U. S. Army Nurse Corps.

MARY A. HICKEY,

*Superintendent of Nurses, U. S. Veterans' Bureau.*

#### NATIONAL TUBERCULOSIS ASSOCIATION

The annual convention will be held in Santa Barbara, Calif., June 19-23.

#### HOSPITAL DAY

E. S. Gilmore, Wesley Hospital, Chicago, has been appointed chairman of the National Hospital Day Committee. The Committee has issued the first call for names of hospitals which plan to observe third annual National Hospital Day, May 12, 1923, and will be glad to send to all interested institutions suggestions for a programme and other information concerning the movement. Write to the

executive secretary, Matthew O. Foley, 537 South Dearborn Street, Chicago.

**Alabama:** THE ALABAMA STATE NURSES' ASSOCIATION held its annual meeting in the Presbyterian Church, Florence, January 16, with an attendance of thirty-nine. Mr. Reeder, President of the Chamber of Commerce, and Acting-Mayor Willingham were not only hearty but instructive in telling the history of the city. Two new Districts have organized in the past year, the tri-cities of Florence, Sheffield, and Tusculumbia, and Dothan. The Alumnae of St. Vincent's Hospital, Birmingham, has also been accepted into the State Association through its district. The amendments to the Constitution as suggested by the Revision Committee of the A. N. A. were accepted, as were also the amendments to the Alabama Law which are to be presented to the Legislature this year. Mrs. Ida S. Inscor, Superintendent of the Moody Hospital, Dothan, read three very interesting papers, prepared by a pupil from each class, on Social Life in Training Schools. The eight-hour system is in use in this hospital, also student government. The following officers were elected: President, Bertha Clement, Birmingham; vice-presidents, Ida S. Inscor, Dothan, and Catherine A. Moulis, Birmingham; secretary, Ruth Davis, Selma; treasurer, Mary Denman, Birmingham. Luncheon was served at the Princess Tea Room at which Dr. Richard O. Beard of the University of Minnesota was a guest, and at which he gave a very interesting account of the University School of Nursing. After lunch, as guests of the Florence Rotary Club, the members enjoyed a delightful ride to Wilson Dam, where an engineer gave a very minute account of its construction. At the afternoon session, Margaret Hastings, President of the new hostess District gave another hearty welcome on behalf of District No. 4. Marie T. Phelan of the Federal Children's Bureau gave an outline of the work being accomplished in the various states under the provisions of the Sheppard-Towner Bill; Miss E. Ward of Montgomery then reported on her trip as delegate to the convention in Seattle. At 8 p. m., Dr. A. A. Jackson gave greetings, as President of the Lauderdale County Medical Association; he encouraged the gathering and intermingling

of members of any group of workers as making them more democratic, and of broader vision in the discussion of professional problems. He then introduced Dr. Richard O. Beard whose address will remain as an inspiration, and one of hope for the advancement of our profession along educational lines. Refreshments were served while music was rendered, after which the meeting adjourned to meet in Dothan, in October, this date being selected as best suited for a larger attendance.

**Arizona: Tucson.**—An unusually interesting meeting of DISTRICT NO. 2, was held at the Business and Professional Women's Club House, where the members proved that they are alive to their opportunities, by passing several important measures. The most vital thing accomplished was decision to establish, permanently, a central registry for the nurses of the District of which Tucson is a part, which embraces Pima, Pinal and Santa Cruz Counties. This registry will be owned and controlled by the nurses of this District. It will not be run on a commercial basis, nor for profit. A nominal fee will be paid by all nurses registering, and out of this fund the salary of a trained nurse will be paid to take entire charge. The officers of the Association and the Board of Directors issue invitation to all new nurses coming into Arizona to get in touch with the Association, and to know that they are welcome at every meeting. These officers are as follows: President, Alma Wrigley; vice-president, Mrs. Frances E. Geffs; secretary, Mrs. Regina Hardy; treasurer, Margaret Burke. An invitation has been extended to Helen Scott Hay, who is internationally known for having established a nurses' training school in Bulgaria, and later, for heroic service during the World War, to make a lecture tour throughout the State, in order to give the nurses the benefit of hearing some of her wonderful experiences. The members have been keenly interested in the effort to pass House Bill No. 38, to take the place of the present statute providing for registration of nurses. At their meeting on February 4, they learned that the bill has not been passed. **Phoenix.**—THE ALUMNAE OF ST. JOSEPH'S HOSPITAL held its annual meeting at the Nurses' Home. Eighteen members were present, with communications from others who

were unable to come. Election of officers for the new year was as follows: President, Mrs. Hazel Burch; vice-president, Mrs. Alice Pancrazie; secretary and treasurer, Jennette Hemphill. Following the meeting, the Student Nurses of St. Joseph's Hospital Training School were entertained by the Alumnae with a masquerade party, which was greatly enjoyed by all.

**California: STANFORD UNIVERSITY** is offering a special course for administrators and instructors in schools of nursing, June 19-July 25, next. It will be open to graduates of accredited schools who meet the usual university requirements or who have carefully considered equivalents. The course will be under the direction of Carolyn E. Gray, Director of Nursing and Health in Western Reserve University, Cleveland. Required subjects will be General Psychology; Administration in Schools of Nursing, Carolyn E. Gray; Teaching Nursing Principles and Methods, Sarah G. White. Electives will be Public Speaking, Economics, and others not yet decided upon. Students enrolling in the course will be registered at Stanford University as special students, and will be granted a certificate upon successful completion of the course. Graduate nurses who do not meet matriculation requirements may attend classes as visitors, but without credit. Particulars regarding the course may be obtained from Stanford University Hospital, San Francisco, Calif. **San Diego.**—ST. JOSEPH'S HOSPITAL held graduating exercises on January 3, for three members of the class of 1922, and for seven members of the class of 1923. The address was given by Dr. L. C. Kinney; the diplomas were presented by Rev. Henry Brinkmeyer. The Nurses' Glee Club contributed to the programme and the class sang its class song. Dancing followed the exercises.

**Connecticut:** The state organizations of nurses held their annual meetings in Waterbury, at St. John's Parish House, January 24-26. THE CONNECTICUT ORGANIZATION FOR PUBLIC HEALTH NURSING met on the first day, beginning with a Lay Member Section at which an address was given by Lillian Gray, field secretary of the Mental Hygiene Society of the state. At the same time, a nurses' round table was conducted by Sarah Baker,—

topic, *Salient Points in Tuberculosis Nursing*, by Florence Redfield. The afternoon session was opened by the vice-president, Rose Heavren. Dr. Stanly H. Osborne, Commissioner of the State Department of Health, spoke on *Communicable Diseases*. Officers elected were: President, Margaret K. Stack, Hartford; vice-presidents, Rose M. Heavren, Essex, and Mabel MacDonnell, Stamford; secretary and treasurer, Kate Mackenzie, Norwich; Councillors, Margaret Barrett, Katherine McCarthy, Ruby Vose, Abbie M. Gilbert, Mary Maher. In the evening a joint meeting of the three associations was held with unusually fine addresses: *Some of the Problems of a Health Officer*, and *How the Nurse Can Help Solve Them*, Dr. T. J. Kilmartin; *Address, Governor Templeton; Health in Industry*, Prof. C. E. A. Winslow; *Nursing Progress*, Elizabeth C. Burgess of New York. The Graduate Nurses' Association of Connecticut began its meetings on the 25th with a round table of alumnae presidents. A Private Duty Section was in charge of Elizabeth Ross with a paper on *Why I Like Private Duty Nursing* by Bertha M. Richards, and one on *What a Central Directory Means to the Public* by Clara Caruth of New Haven. The afternoon was devoted to business, including a three-minute report from the president of each alumnae association. Katharine DeWitt of Rochester, N. Y., spoke on *The American Journal of Nursing*. A dinner was given in the evening, at the conclusion of which the members were invited to attend the lecture given by Maude Royden of London. The officers for the State Association are: President, A. Elizabeth Bigelow, Meriden; vice-presidents, Sarah E. Hyde, Middletown. Abbie M. Gilbert, New Haven; secretary, Kathryn E. Sherman, Hartford; treasurer, Isabelle D. Conn, Stamford; directors for three years, Martha J. Wilkinson, Marcella Heavren; for two years, Harriet E. Gregory, Kate M. MacKenzie; for one year, Margaret K. Stack, Elizabeth Blenkhorn. The League of Nursing Education held meetings on the 26th, opened by an address of welcome by Charles Lee, superintendent of Waterbury Hospital, and a response by Sarah Hyde of Middletown. The morning was largely occupied with business and reports. Addresses were given by Leila Given, instructor in the

Connecticut Training School and by Mary M. Roberts of New York. At noon, an interesting professional exhibit was demonstrated by students from the different training schools of the state. A round table for hospital dietitians was held at 1:30. At the afternoon session talks were given on *Diet and Disease* by Prof. John P. Peters of Yale University and on *Legislative Work* by Alice Shepard Gilman of Albany, N. Y. Officers elected by the State League are: President, Sarah E. Hyde, Middletown; vice-presidents, Evelyn Wilson, Stamford, R. Louise Metcalfe, Waterbury; secretary, Amelia M. Jones, Middletown; treasurer, Agnes C. Kernan, Hartford; councillors, Robina Stewart, Dorothy Tarbox, Mrs. W. A. Hart, Hartford.—**ST. FRANCIS HOSPITAL** held graduating exercises on January 3 for a class of thirty-two. All the music of the evening was given by students, a quartette, a duet, a farewell by the graduates, violins, and organ. The address was given by Rt. Rev. John J. Nilan. Prizes were awarded to Anna G. White and Elizabeth O. Wingertsman. **NEW HAVEN**.—**THE ALUMNAE ASSOCIATION OF ST. RAPHAEL'S HOSPITAL** held its annual meeting at the hospital on January 8, with 27 members present. Officers elected were: President, Emily Smith; vice-presidents, A. M. Martin, Mrs. B. Day; secretary, A. M. Kennedy; treasurer, M. V. McAllen; directors, Mrs. M. P. McGuire, M. J. Judge, M. Kelly, E. A. Curren. Members of the Programme, Nominating and Sick Committees were appointed. The revised copy of the constitution and by-laws was accepted. After the meeting a social hour was enjoyed.

**DELAWARE**: **THE DELAWARE STATE ASSOCIATION OF GRADUATE NURSES** held its annual meeting at School No. 28, Wilmington, January 10. It was well attended and was enjoyed by all. The secretary was instructed to forward to members of the State Legislature, the endorsement of the Association for the bills relating to Child Welfare, the School Law, and Child Labor. Contributions of \$30 for Near East Relief; and of \$10 toward the building fund of the National Federation of Women's Clubs were made. A resolution was adopted arranging for a bill to be introduced in the Legislature providing that the State Board of Examiners shall appoint some one to

inspect and accredit training schools. Resolutions were adopted on the death of Jeannette Duncan, formerly superintendent of the Delaware Hospital. Officers elected for the coming year are: President, Marie Lockwood; vice-presidents, Mary A. Moran, Caroline Sparrow; secretary, Amy Wood; treasurer, Eva B. Hayes. Directors are Lavinia Nealy, Anna Roberts, Vera Davis, Susan S. Young. An all-day conference of the Public Health Section was held on January 20.

**District of Columbia: Washington.**—THE CHILDREN'S HOSPITAL ALUMNAE ASSOCIATION has elected officers for the year as follows: President, Charlotte Estes; vice-presidents, Lucy Stiver, Pearl Twigg; secretary, Ada T. Page; treasurer, Elizabeth Jones; directors, Mrs. Egbert Thompson, Ada Woodie, Mrs. Preston McLendon, Augusta Lewis. THE LEAGUE OF NURSING EDUCATION held its monthly meeting at Columbia Hospital for Women on January 25. There was a very instructive address on Parliamentary Procedure by Major Taaker of The Army Medical School. After the business meeting a social hour followed. The Instructors' Section held its first meeting at Walter Reed Hospital, the students of that hospital demonstrating their surgical technique. The Dakin treatment was especially emphasized. Many patients, overseas men, were presented to show the results of this treatment. There was also a very interesting address on War Surgery by Major Gaul.

**Georgia: THE STATE BOARD OF EXAMINERS FOR GEORGIA** will hold its regular semi-annual examinations for registration of applicants, April 11 and 12, in Atlanta, Augusta, Macon and Savannah. Jane Van De Vrede, President. **Savannah.**—The position of Supervisor of Public Health Nurses in the Health Department of Savannah will be filled by competitive examination, to be held under the supervision of the Bureau of Nursing of the Southern Division of the American Red Cross. Due notice of the terms of the examination and the date for holding the same will be published in the *American Journal of Nursing*.

**Illinois: Chicago.**—Ehie L. Burke, Principal of the School of Nursing, Children's Memorial Hospital, for twelve years, has re-

signed and will rest before taking up further nursing work. She is succeeded by Henrietta Miller of the University Hospital, Minneapolis. **ST. ANN'S ALUMNAE ASSOCIATION** held a meeting on February 5, at which Mrs. Meldrum of the Tuberculosis Institute spoke interestingly on plans for a cottage at Naperville. Seven graduates of the training school have recently passed the State Board examinations and have been admitted to the Association as active members. **MERCY HOSPITAL GRADUATES** are reported as follows: Eva Stoner, Helen Prellan and Odo Kepple have joined the Staff of School Nurses. Verne Grise has accepted the position of Supervisor of Obstetrical Department at Englewood Hospital. Mary O'Neill, who has been in Public Health Service for the past two years at Fort Stanton, has returned to Chicago. Mary Cavanaugh is taking a postgraduate course at Lying-In Hospital. Agnes Clancy has gone to Toulon, Ill., where she has accepted the position of County Public Health Nurse. Phyllis Connor has received an appointment with the Veterans' Bureau, and has reported for duty at the Veterans' Hospital, No. 30, Chicago. Veronica Foran has accepted the position as Surgical Nurse at Mercy Hospital. Irene Thulis is taking the postgraduate course in Nervous and Mental Nursing given by the Veterans' Bureau at Washington, D. C. Lillian D'Autremont and Marie DeLaney have entered the Convent of Mercy, Chicago. Mary Cleary has gone to Pittsburgh, where she has accepted a hospital position. Leonore Tobin has accepted the position as instructress of nurses at Mercy Hospital. Julia Wilson has accepted the position as instructress of nurses at Glockner Sanatorium, Colorado Springs, Colo. The following were elected as officers for 1923 in the Mars-Sur-Allier No. 270 Post American Legion: Vice-Commander, June Ryan; finance officer, Helen Phelan; sergeant-at-arms, Daisy Bradley. **Peoria.**—THE SEVENTH DISTRICT ASSOCIATION held its annual meeting at Block and Kuhl's Mandarin Room, at a luncheon, February 2, fifty being present. Officers elected are: President, Grace Perrine; vice-president, Joy Hogate; secretary, Sara Barnes; treasurer, Belva Sturm. Reports from committees were given. One alumnae association and three individual members were accepted during the

year. The central registry which has just completed its first year has proved a success.

**Indiana:** THE INDIANA STATE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will hold its semi-annual examination for the registration of nurses, May 9-10, in the Senate Chamber and House of Representatives, State House, Indianapolis. On Tuesday, May 8, the Board will convene for its annual meeting in the office of the secretary, No. 333 State House, at 9:30 a. m. **Terre Haute.**—THE UNION HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, January 10, in the new Junior Nurses' Home. The time of meeting has been changed to 7 p. m. Dr. Bloodgood of Johns Hopkins, who was the guest of the Academy of Medicine, addressed the Alumnae and students on Preventive Medicine on February 1.

**Kansas: Topeka.**—THE BOARD OF DIRECTORS OF CHRIST'S HOSPITAL will conduct a campaign this year for funds for building a new 100-bed hospital.

**Kentucky:** THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold examination for state registration on Tuesday and Wednesday, May 22, 23, at the State Capitol Building, Frankfort. For application and information, apply to Flora E. Keen, Secretary, 115 North Main St., Somerset.

**Maine:** THE STATE OF MAINE BOARD OF EXAMINATION AND REGISTRATION OF NURSES will meet April 18, 19, 1923, at 9 a. m., at the State House, Augusta. Application blanks may be secured from the Secretary, Rachel A. Metcalfe, Central Maine General Hospital, Lewiston, Maine. Applications must be filed fifteen days prior to date of examination. THE MAINE STATE NURSES' ASSOCIATION held its tenth annual meeting in the Universalist Church, Bangor, January 25-26. **Thursday, January 25:** The session opened with prayer by Rev. Ashley Smith; Address of Welcome, Hon. A. R. Day, Mayor of Bangor; Response by Rachel Metcalfe. 10:00 a. m. Business meeting and reports of committees. Luncheon. 2:30 p. m., President's Address. Programme in charge of the Nursing League. 1. Essentials of Anatomy, Mrs. Katherine Y. Boutelle; 2. How I Teach Materia Medica, Rachael Metcalfe; 3. Teaching Tuberculosis in the Hospital, Ida Washburn; 4. The Fundamental Principles of Public Health in the Training

School, Edith Soule. 6:00 p. m., Banquet, Universalist Vestry. 8:00, Evening Session. Address, The Nurses' Responsibility to the Social Hygiene Programme, Dr. Geo. H. Coombs, State Department of Health. **Friday, January 26.** Programme in charge of Public Health Section, Edith Soule presiding. 9:00 a. m., Business Meeting; 1. The State Library and How It May Be Used, H. E. Dunnals, State Librarian; 2. The Aim of Home Demonstration Work, Rosalind M. Jewett, State Home Demonstration Leader; 3. The Industrial Nurse, Her Responsibility to Employer and Employee, Madeline Mosher, Industrial Nurse, Eastern Manufacturing Co., Lincoln. A Library of nursing books was on exhibition during the session. Luncheon. 2:30 p. m., Unfinished business. Officers elected were: President, Mrs. Lou S. Horne, Portland; vice-presidents, Hannah F. Clapp, Bangor, and Mrs. Jane Prevost, Portland; secretary, Louise P. Hopkins, 246 Essex St., Bangor; treasurer, Mabel Blanchard, Portland; director, Rachel Metcalfe, Lewiston. **Biddeford.**—THE WESTERN DISTRICT held its annual meeting in Biddeford, January 17. Revision of the constitution and by-laws was adopted. Officers elected are: President, Lucy J. Potter; vice-presidents, Eleanor Griffin, Agnes Nelson; secretary, Alice S. Young; treasurer, Mrs. Lou S. Horne; directors for three years, Eleanor F. Campbell, Minetta Moore.

**Maryland:** The twentieth annual meeting of the MARYLAND STATE NURSES' ASSOCIATION was held in Osler Hall, Baltimore, on January 25 and 26, 1923, in joint session with the Maryland State League of Nursing Education and the Maryland State Public Health Nurses' Association. The meeting was opened with prayer by the Rev. C. Sturgis Ball. Ehle M. Lawler, president, in her address, reviewed the work of the Association during the past year and emphasized the importance of more interest in the activities of our National Association. She spoke of the Relief Fund as one of the important activities that should appeal to every member. Miss Lawler made a strong appeal to the young nurses to come forward and help in the building up of the Association by accepting appointments on committees, relieving those who have borne the burden so long. At the business session the reports of

the Committees were made. The question of how to meet the increase of dues to the American Nurses' Association was discussed and it was decided that the increased dues be paid from the Association funds for 1923, without asking for any increase from the members; but it was decided that the dues of members of the Alumnae Association be increased to \$1.50 per capita and those of individual members to \$2.50, in 1924. **THE MARYLAND STATE PUBLIC HEALTH NURSES** held their meeting in the afternoon of January 25, and after a short business session, Frances V. Brink, Field Secretary of the National Organization for public Health Nursing, was introduced and gave very interesting and helpful information on what steps were necessary in order that the State Public Health Association might affiliate with the National Association. Dr. J. A. Doull of the School of Hygiene, Johns Hopkins University, was the next speaker and discussed the spread of the diphtheria germ and said that to every case of diphtheria there were 25 to 30 carriers who, in most cases, cannot be quarantined. Officers of the State Public Health Association were elected as follows: President, Jane B. Newman; vice-presidents, Mildred Baer and Lillian Hiss; secretary, Constance Jones; treasurer, Maud Monahan. The social feature of the meeting, in which the members of all the organizations joined, consisted of supper served at six o'clock that same afternoon, followed by community singing led by Fisher's Orchestra. This social hour has served to bring the nurses closer together and to become better acquainted, and is looked forward to with much pleasure each year. At the Public Meeting on Thursday evening, the members had the pleasure of having Mr. F. W. Besley, State Forester, give an illustrated talk on Forestry in Maryland. It seemed very fitting that the members of the State Nurses' Association should have this opportunity of knowing something about the work of another State organization.—**The Maryland State Board of Forestry.** On Friday morning the State League of Nursing Education held demonstrations of nursing procedures at the Johns Hopkins Hospital, and a large number of nurses attended and filled the Amphitheatre to its full capacity. On the afternoon of Friday, Round Tables

were held in Osler Hall,—State Registration, Helen C. Bartlett, presiding; Private Duty Nursing, Martha E. Friend, presiding. These sessions were well attended and proved to be most helpful. At 4 o'clock Dr. J. H. Mason Knox, Director of the Child Welfare Bureau, was the speaker and asked for the coöperation of the nurses, especially those in the counties, in establishing this new Bureau under our State Health Department. The officers elected for the following year are: President, Elsie M. Lawler; vice-presidents, Jane E. Nash and Harriet Fort; secretary, Sarah F. Martin; treasurer, Mrs. G. H. Bode. When the convention adjourned, it was unanimously agreed that it was the most enjoyable ever held by the Association. Officers elected by the League are: President, Maude M. Gardner; vice-president, Alice M. Wheeler; secretary, Charlotte M. Snow; treasurer, Jessie Kendall; board, E. M. Lawler, Jane E. Nash, Mary Cary Packard.

**Massachusetts:** **THE MASSACHUSETTS STATE NURSES' ASSOCIATION** held its mid-winter meeting on February 17, too late to be reported in this issue of the *Journal*. The official report will appear in April. **Boston.**—Bertha Carvell of Brookline has been chosen president of the Alumnae Association of the Massachusetts Homeopathic Hospital, to fill the unexpired term. Elsie M. Whitcomb, class of 1921, is supervisor of the operating room at the Homeopathic Hospital, Wilmington, Del. Elizabeth R. Barrett, class of 1904, is doing public health work in Skowhegan, Maine; Grace Ahearn, class of 1912, is industrial nurse for the Cambridge Rubber Company. **Fall River.**—**THE FALL RIVER CITY HOSPITAL ALUMNAE ASSOCIATION** held its annual meeting recently and elected: President, Mary B. Madden; vice-president, Florence D. Thistlewaite; secretary, Laura M. Sullivan; treasurer, Rose A. Castonguay; councillor, Mary B. Madden; directors, Irene F. Carroll, Mrs. George H. Kershaw, Louise M. Roberts. **Pittsfield.**—**HOUSE OF MERCY GRADUATES** are reported as follows: Margaret Lehman, class of 1920, succeeds Mrs. Pecon as industrial nurse at the Kinney Plant. Elsie Huntly, class of 1900, is school nurse in Great Barrington; Nellie Morrison, graduate of Hillcrest Hospital, is school nurse in Lenox. **THE**

**BERKSHIRE COUNTY NURSES' ASSOCIATION**, at its December meeting, heard an address on *Books Worth Reading* by Edward Jenkins of Lenox. Members of the class of 1923, House of Mercy Hospital, gave a bazaar on December 8, the proceeds to be used for a dietetic laboratory for class instruction.

**Michigan:** Sarah E. Sly, General Secretary of the State Association, visited the following places on a trip made between January 23 and February 2: Jackson (address to student nurses, Third District meeting); Battle Creek (addresses to nurses of two hospitals); Grand Rapids (meeting with directors of three alumnae associations, Sixth District meeting); Muskegon (addresses to nurses of two hospitals, Fourth District meeting); Kalamazoo (two alumnae meetings, Fifth District meeting). **MEMBERS OF THE BUREAU OF CHILD HYGIENE AND PUBLIC HEALTH NURSING OF THE STATE HEALTH DEPARTMENT** held meetings with Marie T. Phelan, Children's Bureau, Washington, to discuss standardized instruction in pre-natal and infant welfare work. The importance and need of this has been felt by many States. Michigan is one of the first to avail itself of Miss Phelan's services. In order that all nurses doing Public Health nursing, especially those engaged in County work, may have the benefit of this, each of the five field directors will plan for small group meetings throughout the State. Five such meetings were held during January at Marquette, Houghton, Ironwood, Iron River, Sault Ste. Marie, and Petoskey. As there are no nurses outside of the larger cities who are free to devote their entire time to pre-natal and infant welfare work, it has been necessary to enlist the coöperation of all Public Health nurses, regardless of the type of work they are doing. The enthusiasm and desire to assist which these nurses show is most encouraging for the success of the administration of the Shepard-Towner Act as planned for Michigan. **DETROIT.**—**THE FIRST DISTRICT ASSOCIATION** met February 2 at the Central Bureau of Nursing. The programme was furnished by the Community Fund. It consisted of a lecture and lantern slides showing the many ways in which blind and crippled children are being educated. The annual meeting of the Visit-

ing Nurse Association, held January 18, marked the completion of a quarter century of service. A public meeting will be held on March 14th to celebrate this event. **ANN ARBOR.**—**SECOND DISTRICT, OFFICERS FOR 1923:** President, Alice Lake; vice-presidents, Barbara H. Bartlett, Sister Constance; secretary, Ruth Wheelock; treasurer, Mrs. Ruth Daniels; directors, Misses Tillotson and Stahl. **UNIVERSITY HOSPITAL NURSES' ALUMNAE ASSOCIATION:** President, Magna Tillotson; vice-president, Emma Spugel; secretary Helen Vyn; treasurer, Lela Reagan; directors, Mrs. C. L. Washburne, Gertrude J. Wishart, Josephine Nott. **BATTLE CREEK.**—**THIRD DISTRICT:** President, Mrs. Effie Tyrel; vice-presidents, Mrs. O. G. Cooley, Mrs. D. C. Noholls; secretary, Florence Monahan; assistant secretary, Lucy Halliday; treasurer, Edna Oakley. **JACKSON HOSPITAL ALUMNAE ASSOCIATION OF THE FOOTE MEMORIAL HOSPITAL:** President, Mary Jewell; vice-presidents, Mrs. E. O. Lehy, Bertha Haines; secretary, Jessie Phelps; treasurer, Hazel Ferrot. **NICHOLS MEMORIAL HOSPITAL ALUMNAE ASSOCIATION OFFICERS** are: President, Martha Young; vice-president, Adda Brace; secretary, Ivabelle Ward; treasurer, Mrs. Gertrude MacLaughlin. **FLINT.**—**THE EIGHTH DISTRICT** meeting in December was held in the Health Center building. After the regular business, the programme was given over to the *American Journal of Nursing*. The many nursing departments in the *Journal* were discussed by nurses representing those departments. A School Nurse told of the broad area covered by the *Journal*. To her it is the instrument that keeps her balanced so that she sees the very important work being done in other departments. It is the broad, smooth road that keeps us from traveling in a rut. An Institutional Nurse told of the countless good to be derived from it by her department of the work. The latest developments in all phases of the nursing field are there ably discussed by the best authorities. A Pupil Nurse was present and told of the delight the Student Nurses take in the new department that was created for their benefit. To them it is authority on the current topics of the day. A Health Department Nurse reviewed the December *Journal* to show the large number of articles in it of interest to

the Public Health Nurse. These talks were followed by a general discussion during which many mentioned subscriptions that had been allowed to lapse but that would be renewed at once. In all it awoke a greater love for the *American Journal of Nursing* than they had had before, and an inspiration to keep abreast of the times. Let all boost for the *Journal*, the magazine that boosts for us! At the annual meeting of the Eighth District the following officers were elected: President, Jessie Scott; vice-presidents, Mabel Haggman, Frances Cook; secretary, Mary Chayer; treasurer, Jane Bryans; directors, Lizabel MacKenzie, Lilli Betts. At the Board of Directors' meeting the committees were appointed with the following chairmen: Credentials, Lilli Betts; Programme, Annette Greenough; Publicity, Mary Chayer; Hospitality, Elizabeth Knapp; Nurses' Relief Fund, Mary Osborne; Special Boosters' Committee, Flo Burghdorf. At a meeting of the various committees the following plans were discussed: Programme Committee.—It was suggested that a nurse representing each different branch of nursing represented in the Association be given a meeting and feature her own work. For instance, an industrial nurse may put on an industrial programme; a school nurse, school nursing, etc. Judges would be appointed and the team putting on the most interesting programme would be banqueted by the other teams. Publicity Committee.—The committee asked to be given at least five minutes at every meeting to review either the *American Journal of Nursing* or the *Public Health Nurse*. The Hospitality Committee offered its services to the Boosters Committee to help with the work of that committee. Biennial Committee.—A card party was definitely planned for February 10, and a Post-Lenten party, directly following Lent. Marquette.—At the regular meeting of the Fourteenth District, January 8, Mrs. Elbeth H. Vaughan, Assistant Director of the Bureau of Child Hygiene and Public Health Nursing, talked on the advantages for the promotion of the welfare of maternity and infancy in our State. Following the programme there was a pleasant social hour. Helen Bloomfield, formerly Superintendent of St. Luke's Hospital, has accepted a hospital position in Asthabula, Ohio.

Miss L. Guinther, a graduate of the Philadelphia General Hospital, has succeeded Miss Bloomfield. APPOINTMENTS IN THE PUBLIC HEALTH FIELD: Alma Johnson has been appointed County Nurse for Luce County; Edna Van Dyke, a graduate of the Farrand Training School, Harper Hospital, has been appointed County Nurse at St. Joseph's; Dorothy McMillan has been appointed on the V. N. A. at Benton Harbor; Alma Simpson has been appointed County Nurse at Baraga County. Michigan is fortunate in having secured the services of these nurses.

Minnesota: Duluth.—THE SECOND DISTRICT ASSOCIATION held a meeting at the Y. W. C. A. on February 2, with an attendance of fifty. The Public Health Section was responsible for a most instructive illustrated talk on Diseases of the Skin by the specialist, Dr. E. Z. Shapiro. Minnie Kivisto, School Nurse at Biwabik, St. Louis County, attended the meeting as a representative of the Range Nurses' Club which has recently been reorganized with Mrs. S. McVettie of Virginia as President, and Irene Murphy, Community Nurse of Virginia, as Secretary. Jeanette Gray, Aitkin County Nurse, came in response to an effort to reach the nurses in the outlying Counties of the District. The Private Duty Section with Anne Hendry as Chairman held an enthusiastic meeting in January. At the annual meeting of the ST. LUKE'S HOSPITAL ALUMNAE, held January 30, the following officers were elected: President, Augusta Jones; vice-president, Mrs. Neil Patterson; secretary, Marion Willcuts; treasurer, Esther Fredrickson. Augusta Jones, class of 1921, has resigned her position as Superintendent of Nurses at Nopenning Sanatorium. Miss Jones plans to take a special course in obstetric and pediatric nursing. Mrs. H. I. Legg, who succeeds Miss Jones, served on the staff of the sanatorium for three years. A meeting of the members of the Executive Committee of the Minnesota-North Dakota State Conference of the Catholic Hospital Association was held in Duluth, January 26, at St. Mary's Hospital. It was decided the next Annual Conference will be held at the Villa Scholastica, Duluth, July 18 and 19. This delightful location so inviting will be an incentive for many who might not consider

such a meeting at this season of the year. At the same time there will be an opportunity of seeing the splendid new unit at St. Mary's Hospital completed this past year. St. Paul.

—Freda Werner, class of 1919, has resigned as night supervisor at Mounds Park Hospital and is succeeded by Mary M. Johnston, class of 1921. Amelia Moen, class of 1915, has resigned as superintendent of the Merriam Park Hospital. Beth McCrank, class of 1920, succeeds, and Lillian Bolvig, class of 1919, is assistant. Thelma Barck, class of 1919, is doing social service work at the Neighborhood House. Mankato.—THE FIFTH DISTRICT held its January meeting in the Armory. Dr. Helen Hughes Heischer spoke on Organization and Its Value to Nurses. Ruth Houlton, superintendent of the Public Health Nurses' Association of Minneapolis explained the importance and the benefits of the Sheppard-Towner Act. Hortense Hilbert and Agnes Alexander, field nurses, told of the work in Nobles County. On the following day, a regional conference of public health nurses was held at the Andrews Library. IMMANUEL HOSPITAL ALUMNAE ASSOCIATION has elected the following officers: President, Olga Sauer; vice-president, Clara Turnquist; secretary, Odella Knaub; treasurer, Elizabeth Jons.

Missouri: THE MISSOURI STATE BOARD OF NURSE EXAMINERS in its report of activities from June 22, 1921, to January 1, 1923, states that it has held ten meetings, conducted seven examinations, licensed 4037 nurses and 1615 attendants. The number of nurses holding certificates for rural districts is 595. Forty-five schools within the state have been accredited, and twelve outside. The number of student nurses is 1175. There are six accredited schools for attendants.

Nebraska: Omaha.—CREIGHTON MEMORIAL, St. JOSEPH'S HOSPITAL ALUMNAE ASSOCIATION held its annual meeting, January 9, and elected officers: President, Mrs. Harry J. Jenkins; vice-president, Bernadine Striegel; secretary, Mrs. Eugene L. Kinney; treasurer, Octavia LaPoote; directors, Mabel Wight, Teresa Tully, Ruth Williams.

New Hampshire: Nashua.—THE BEACON HILL HOSPITAL ALUMNAE ASSOCIATION held its annual meeting recently with Mrs. Harold Parsons. The officers of the association are

as follows: President, Jennie Bowden; vice-president, Mrs. Osman Clapp; treasurer, Mrs. Margaret Fortin; auditor, Mrs. Charles Van Brocklin. At the meetings the members sew for the City Mission. One member is at the Pembroke Sanitarium, and the others often supply her with comforts. Concord.—THE MARGARET PILLSBURY ALUMNAE ASSOCIATION has recently elected officers as follows: President, Mrs. Earl Russell; secretary, Mrs. Frank Clinton; treasurer, Mrs. Charles Venne.

New Jersey: THE NEW JERSEY STATE NURSES' ASSOCIATION held a special meeting in the Y. W. C. A. Building, Newark, on January 22, for the purpose of discussing and voting on the feasibility of introducing an attendant's clause into the Nurse Practice Act, and providing for the training of attendants. The Association felt that it should take no responsibility in the matter, and voted 13 for, and 51 against the measure. THE NEW JERSEY STATE LEAGUE OF NURSING EDUCATION held its annual meeting in the Nurses' Residence of the Elizabeth General Hospital, Elizabeth, on January 19. Elizabeth Miller, Superintendent of Nurses of the Municipal Hospital for Contagious Diseases, Philadelphia, gave a most constructive and instructive talk on the Nursing of Communicable Diseases, and emphasized the need of such training for all nurses, as a foundation for Public Health Nursing, and Social Service, and as a means of breaking down the great amount of superstition and misunderstanding now so prevalent among the classes. Mary M. Roberts, editor of the *American Journal of Nursing*, in her talk, stressed the need of keeping informed in order to meet our responsibility as nurses. She stated that nurses could best attain the highest ideals as individuals and as a profession by educating themselves liberally in all things touching on the health and general welfare of the public and the sick. The following officers were elected for the year 1923: President, Florence Dakin; vice-president, Sarah E. Longcor; secretary, Mrs. Martha Scott; treasurer, Lydia E. Betz; director, Ida F. Austin. Newark.—AN INSTITUTE ON THE NUTRITIONAL PROBLEMS OF CHILDREN, conducted by Dr. William R. P. Emerson of Boston, will be given under the auspices of the New Jersey Tuberculosis League, March

5-17. All lectures will be given in the Board of Health Building; demonstrations will be held in the various schools. New Brunswick.—THE MIDDLESEX GENERAL HOSPITAL is to be enlarged and improved through buildings made possible by gifts from R. W. Johnson and his brother, John Seward Johnson, in the name of their mother. One of the buildings will increase the capacity of the hospital from 76 to 120 beds; another will house the power plant; the third will be an addition to the nurses' home. The last named will make the nurses' home one of the best of the smaller homes in the east. It will furnish a large living room with a stone fireplace, a class room and a demonstration room. The hospital exists for health teaching and sickness prevention as well as for the care of the sick. Trenton.—THE THIRD DISTRICT ASSOCIATION held its annual meeting in the Council Chamber of the City Hall on January 4, with twenty members and one guest present. Officers elected are: President, Jane Barker; vice-president, Grace Porter; secretary, Mrs. Julia Taylor Clancy; treasurer, Rose McKenna. Jersey City.—THE NURSES' CLUB OF HUDSON COUNTY has donated \$100 to the New Jersey Tuberculosis League for Scholarships in the Nutrition Institute. The Club held its annual dance on St. Valentine's Day at the Bergen Lyceum, the proceeds to be used for building or maintaining a club house for graduate nurses of Hudson County.

New York: Rochester.—DISTRICT 2 held its January meeting on the 30th at Highland Hospital as guests of the alumnae and staff of the school. An interesting lecture was given by Dr. John Williams on the new treatment of Diabetes. Diabetic diets were exhibited. A social hour followed. HIGHLAND HOSPITAL SCHOOL OF NURSING held a Demonstration afternoon on January 10, when the preliminary course was drawing to a close. The Staff and a few Board members were invited and nursing procedures were demonstrated by preparatory students. At the close of the exercises, the 22 preparatory students were given their caps. ST. MARY'S HOSPITAL ALUMNAE held their annual meeting at the hospital on February 2. Reports were read. It was decided to include in the winter's programme a lecture on Cancer. Officers elected are:

President, Helen Ward; vice-president, Mary Bergin; secretary, Mary Scanlon; treasurer, Victoria Basisto; directors, Barbara Walter, Frances McCauley, Mary Cowley; auditor, Genevieve Mancuso. Clifton Springs.—THE CLIFTON SPRINGS SANITARIUM has received a gift of \$50,000 for a nurses' home on condition that a like amount be raised. The gift is from George Maxwell of Boston in memory of his mother. Efforts will be made to have the entire sum reach \$150,000. The alumnae gave a bazaar and tea on November 22 which brought \$450. Utica.—THE UTICA CENTRAL SCHOOL OF NURSING, E. Priscilla Reid, educational director, celebrated, in February, the completion of the preliminary course by the first class, numbering 44. A reception was given at the Woman's Civic Club by the alumnae associations of the training schools of the city,—Homeopathic, St. Luke's, St. Elizabeth's, Faxon, and State. Bessie B. Tibbitts, one of the instructors, addressed the students, telling them that Utica is one of three cities in the country to have a central school. In addition to music and reading, a sketch, entitled *The Evolution of a Probationer*, was given by Charlotte Fiske, Mildred Miller and Vivian Crowner. A social hour and dancing followed the programme. DISTRICT 7 held a meeting on January 11 at the Homeopathic Hospital with an attendance of 75 from Rome, Little Falls and all the local hospitals. Members of the Senior classes were guests. A representative of each hospital gave a paper as follows: Homeopathic, Miss Isabelle Miller on *Meditations of a Student Nurse*. St. Luke's, Marguerite Angier on *Why a Graduate Should Join Her Alumnae Association*. St. Elizabeth's, Genevieve Miller on *The Graduate Nurse*. Faxon, Mildred Miller on *Our Christmas Spirit*. Rosalie Mayer spoke on the Guild of St. Barnabas, with the hope of forming a local branch. A social hour followed with the Homeopathic Alumnae as hostesses. THE ROME HOSPITAL TRAINING SCHOOL held graduating exercises for a class of six on January 10 at the Masonic Temple. The address was given by Mary M. Roberts, editor of the *American Journal of Nursing*, on *The Future of the Nurse*. A reception with dancing followed. On the evening of the 8th, a dinner in honor of the graduates was given

by the superintendent, Miss E. L. Burns, after which the class prophecy written by Miss Stacy, was read. The undergraduates gave the class a theatre party in Utica, and on their return to the nurses' home, a surprise awaited them in the form of refreshments. This ended one of the pleasantest commencements of the school. **THE ROME HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its annual meeting, December 26, at which the following officers were elected: President, Mrs. James Griffin; vice-president, Miriam Ringrose; secretary, Elizabeth Foote; treasurer, E. Hazel Golly; director, Mrs. Roy Bielby. **SARANAC LAKE.**—**DISTRICT 8** held its regular meeting in the Public Library on February 6. Mrs. Erickson, who has been for eighteen months in Labrador with one of Dr. Grenfell's nursing units, told of the work there. A lively discussion followed. **ALBANY.**—**DISTRICT 9** held its regular meeting at the Nurses' Home of the Albany Hospital on January 6. In spite of stormy weather, 35 were present. An interesting report of the State meeting in New York was given by the delegate, Mrs. K. M. Gilbert. A social hour followed, with the Albany Hospital Alumnae as hostesses. The annual meeting will be held in April at the same place. **TROY.**—**THE TROY HOSPITAL ALUMNAE ASSOCIATION** held a meeting at the Troy Hospital, February 4, which will long be remembered by those who were fortunate enough to be present. It was the first meeting of the year at which the newly-elected officers presided. The address by the president, Julia Littlefield, was an inspiration to every one. The business which followed the address was pervaded with an optimism which promises a busy, happy year for the Association. Among other plans, it was arranged to have lectures by prominent speakers, socials, and refreshments at subsequent meetings. Miss Littlefield brings to the Alumnae a training and experience in the successful administration of nursing affairs which is keenly appreciated. Her executive ability, as manifested in the Homeopathic Hospital, Albany, of which she is the superintendent, has long commanded the respect and esteem of the hospital which is proud to call her a graduate. **NEW YORK.**—A sum has been appropriated by the Sturgis Research Fund which

is associated with the work of Burke Foundation, to promote a study of the resources and results of convalescent care of patients of the neuropsychiatric clinics of the New York hospitals. The work of carrying on the study has been given to the North Atlantic District of the American Association of Hospital Social Workers, N. F. Cummings, Secretary. This District has adopted a plan to promote, each year, some form of research work which is affiliated with hospital social service. Dr. George Kirby, Superintendent of Manhattan State Hospital, is Chairman of a Committee to promote further convalescent care of these patients. **THE ALUMNAE ASSOCIATION OF THE LOZIER MEMORIAL TRAINING SCHOOL** at its recent annual meeting elected the following officers: President, Adelaide M. Von der Born; vice-presidents, Martha Le Plante, Mary C. McKenna; secretary, Mrs. Charlotte B. Oliver; treasurer, Lillian M. de Talmont. **BLANCHE E. ELTON**, class of 1903, St. Luke's Hospital, has been appointed superintendent of nurses at the Westmoreland Hospital, Greensburg, Pa. **HARRIET T. MEIKLEJOHN**, class of 1906, Presbyterian Hospital, is superintendent of Public Health Nurses at the Health Centre, St. John, New Brunswick. **SYLVIA HANNAN**, class of 1917, went to Paris in October to take charge of the American Hospital, Neuilly. **EDITH HOLDEN**, class of 1920, is in charge of the operating room. **AGNES M. STEELE**, class of 1921, is at the Samaritan Hospital, Colon, Panama. **MINICOLA.**—**THE NASSAU HOSPITAL ALUMNAE ASSOCIATION** recently elected the following officers: President, Lucy F. Hallock; vice-presidents, Mrs. Herbert Seaman, Alice M. Ryan; secretary, Mrs. Elliot Goldsmith; treasurer, Mrs. Fred Baldwin.

**OHIO: YOUNGSTOWN.**—**DISTRICT NO. 3** held its annual meeting in the Stambaugh Nurses' Home, January 17. A splendid address was given by the retiring president, Edna Womer, after which a musical programme was given by student nurses of the Youngstown Hospital. A social hour followed. Officers elected are: President, Winifred Campbell; vice-presidents, Emma Modeland, Sister M. Gilberta; secretary, Harriet J. Eckeb; treasurer, Elizabeth Hollingsworth; trustees, Edna Womer, Nellie Templeton. **CLEVELAND.**—**DISTRICT 4** has as officers for 1923,—President,

Hannah Buchanan; vice-president, Grace Bentley; recording secretary, Violet Smith; corresponding secretary, Charlotte Ferbert; treasurer, Nina Ehle; trustees, June Ramsey, Ethel Hanson, V. Lota Lorimer, Y. Davies, Emma Seckel, Frances B. Latimer. The nurses of District No. 4 were extremely pleased to have as their guest on January 23, Dr. Richard Olding Beard, of the University of Minnesota. Tea was served by the Ladies of the Guild of St. Barnabas, in the delightful guild room at the Cleveland Nursing Center, and the talk given by Dr. Beard was most inspiring to the large number of nurses who had come out to welcome him. **THE LEAGUE OF NURSING EDUCATION** discussed for February Some Problems on Public Health Nursing. Representatives from the different public health groups presented papers.—Marie Howell, University District; Elizabeth Fokhemer, Visiting Nurse Association; Ethel Osborne, School Nursing; Gertrude Ellsworth, Industrial Nursing. The Mt. Sinai School of Nursing has affiliated with the Cleveland City Hospital, for four months; two each in Contagion and Mental and Nervous Diseases. **Cincinnati.**—District No. 8 met at the College of Medicine, January 22. Under the auspices of the Local League of Nursing Education, Dr. Richard Olding Beard, University of Minnesota, spoke on The Ethical Obligations of an Educated Profession of Nursing. Invitations were extended to all graduate and student nurses in the District; also to the various hospital staffs, board of trustees of hospitals and nursing organizations, and the Academy of Medicine. **Columbus.**—Eleanor Jones Ford has been appointed head of public health nursing education in the State Department of Health. Mrs. Ford is a Johns Hopkins graduate. She has recently been doing tuberculosis work in Pittsburgh.

**Oregon:** Marie Falkline, who has been for two years a most efficient county health nurse in Jackson County, has resigned in order to do pioneer work in Alaska as supervisor for the southeastern section for the American Red Cross, with headquarters at Juneau. **Portland.**—A dance was held at the Armory on January 13 under the auspices of the alumnae associations of Multnomah County Hospital, Emanuel Hospital and Sellwood General Hospital. The proceeds, \$275, will be added to the

fund for established State Central Headquarters. The fund now amounts to more than \$1000.

**Pennsylvania:** **THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES** will hold an examination in Pittsburgh and Philadelphia during the months of June, October and November and in such other places and months as may be necessary. **Altoona.**—**THE ALTOONA HOSPITAL ALUMNAE ASSOCIATION** held a Five Hundred party at the Nurses' Home, December 6. The proceeds are to be applied to the fund to furnish some part of the new Nurses' Home. \$58.25 was realized. It is hoped to make this fund \$1000; it is now a total of \$255. The annual meeting of the Association was held January 7. New officers were installed as follows: President, Mrs. Julia E. Galbraith; vice-presidents, Mrs. Katherine Knepper, Mrs. C. G. Plummer; secretary, Mrs. Blanche Taylor; corresponding secretary, Mrs. E. G. Beamer; treasurer, Mrs. Jane Walls. **Braddeock.**—**THE BRADDOCK GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION** held a meeting at the hospital on February 8. Chairman of committees for 1923 were appointed: Membership, Dora Grimm; Social, Mrs. Sallie Daywalt; Visiting, Mrs. Edith Hetrick; Auditing, Ella Wood. Plans for entertaining the class of 1923 were placed in the hands of the Arrangements Committee. **Columbia.**—**THE ALUMNAE ASSOCIATION OF THE COLUMBIA HOSPITAL** held its annual meeting at the hospital, January 9. Officers were elected: President, Anna K. Essig; vice-presidents, Mrs. Ella O'Donovan, Ada Johns; secretary, Mary E. Klugh; treasurer, Ruth V. Goodwin. The association sold 500 seals at Christmas time. Miss Roscoe, a graduate of the Woman's College Hospital, Philadelphia, has been appointed superintendent of the training school of the Columbia Hospital. Miss Price has been appointed surgical supervisor at the Coatesville Hospital, and Miss Kunkle, night supervisor. Miss Milligan is doing public health nursing in York. Anna M. Dixon has resigned her position in Fort Smith, Ark., to take one at the Polyclinic Hospital, Philadelphia. A Christmas party was held in the Nurses' Home on December 21, when a table lamp was presented to Miss Roscoe. **Harrisburg.**—District No. 4 held its annual

meeting on January 20. The following officers were elected: President, Frankford Lewis; vice-presidents, Lulu Hipple, Pauline Smyser; secretary, Josie B. Lewis; treasurer, Letha Shaw; directors, Sara Spencer, Florence Gipe, Mary Lau. Mrs. Martha Magee of Philadelphia gave an interesting talk on Medical Social Service. Dr. David Funk of Harrisburg spoke on Private Duty Nursing. Sara Spencer of York read a paper on Training School Instruction. Graduate nurses of District No. 4 contributed \$300 to the Russian Relief. Fifty members enjoyed a dinner at Rose's after the meeting. **Philadelphia.**—THE MT. SINAI HOSPITAL ALUMNAE ASSOCIATION held its annual meeting on January 26, at the Mt. Sinai Hospital. There was a large attendance. Reports of committees were given and officers elected: President, Elizabeth S. Aaron; vice-president, Anna Kleiman; corresponding secretary, Anna Ford; recording secretary, Florence Fonaroff; treasurer, Henrietta Glazer. **THE NURSES' ALUMNAE ASSOCIATION OF THE LANKENAU HOSPITAL** held its annual meeting on January 12, electing the following officers: President, Elizabeth V. Schmoyer; vice-president, Mrs. Lillian C. Williams; recording secretary, Elizabeth Rapp; corresponding secretary, Clara Bosshart; treasurer, Elizabeth C. Pickering. The Alumnae Association of the School of Nursing of the Graduate School of Medicine of the University of Pennsylvania held a meeting on January 3, in the class-room of the Polyclinic Hospital. The Graduating Class and the Senior Class were the guests of the Alumnae, in order that all might enjoy the talk given by Susan C. Francis, on the Red Cross Nursing Service. Miss Francis outlined briefly the inception of the Red Cross and then the development in connection with the parent organization of the Red Cross Nursing Service. She reviewed the war-time need for nurses in the A. R. C. and how efficiently the nurses had responded, and how all of that was only possible because of the nucleus who had enrolled in peace times. The war-time work of the Polyclinic and Medico-Chirurgical nurses was appreciatively referred to, and the graduates of the new school were urged to join as soon as eligible so as to ally themselves with that great reserve nursing force of their Nation. The

Alumnae were fortunate in having with them one of their members, J. Beatrice Bowman, who has recently been appointed Chief Nurse in the U. S. Navy. Miss Bowman spoke of the work in the Navy and urged that after one or two years' experience in other lines of work, they preserve our tradition of interest in the Navy. Miss Bowman was received with applause, which showed more plainly than words how proud the Association is of the signal honor which had been bestowed upon her. **Pittsburgh.**—THE ALUMNAE ASSOCIATION OF THE ALLEGHENY GENERAL HOSPITAL held a regular meeting February 5, at the Nurses' Home. The members present voted not to increase the dues for 1923, to meet the increase required by the District, State and National Associations, but to pay the difference from the Association Treasury. The following Chairmen of Committees were appointed for the present year: Auditing, Catherine J. Clover; Arrangement, Isa P. Hanna; Eligibility, Effie Ludwig; Endowed Room, Sick and Relief Fund, Lelia Barnhart; Nominating, Bertha Martin Frycklund; Press and Publicity, Isabel Chaytor Flynn. **Wilkes-Barre.**—DISTRICT NO. 3 held its annual meeting on January 23 in the ball-room of the Hotel Sterling. About one hundred and seventy-five nurses from Luzerne and Lackawanna counties were registered. Much business of interest to the nursing profession was discussed. The president, Esther J. Tinsley, gave a splendid address on Service, and the opportunities for service in the nursing profession to our fellow man. A fine musical programme was given. Tea was served after the meeting. The following officers were elected for the ensuing year: President, Esther J. Tinsley; vice-presidents, Mrs. Amanda Davis Mann, Mrs. Anna Davison; secretary, Rena E. Savage; treasurer, Agnes L. Cawley; directors, Janet G. Grant, Anna McLaughlin; chairman Public Health Section, Leslie Wentzel; chairman of Private Duty Section, Florence McHale.

**Rhode Island:** THE RHODE ISLAND STATE NURSES' ASSOCIATION held its annual meeting at the Medical Library, Providence, January 16. The members voted to continue subscriptions toward the State Federation scholarships and to give \$65 to help Russian Red Cross

nurses. The Mental Hygiene Section was created with Anna K. McGibbon as chairman. An interesting address was given by Jane Van De Vrede, of Atlanta, Georgia. A social hour followed. Officers elected are: President, Amy Allmon; vice-presidents, Muriel Eales, Anna K. McGibbon; secretary, Mary Frueker; corresponding secretary, Edith Barnard; treasurer, Edwina Porter; directors, Edith J. L. Clapp, Hortense Lucitt. Providence.—THE BUTLER HOSPITAL ALUMNAE ASSOCIATION held its annual meeting in the Nurses' Home, January 12. The speakers were Mary S. Gardner of the District Nursing Association, and Dr. Arthur H. Ruggles, both of whom spoke on Mental Hygiene, and Dr. Henry C. Hall, who spoke on the Loan Fund. This fund is for the benefit of both graduate and student nurses and as soon as the amount reaches \$5000, the interest will be used for loans as there is need. A social hour followed. Harriet G. Carpenter, class of 1922, is taking a postgraduate course at the Children's Hospital, Philadelphia. Miss Hitchcock, Presbyterian Hospital, New York, is taking a postgraduate course at Butler Hospital, preparatory to becoming the first mental hygiene nurse of the Providence District Nursing Association.

South Carolina: Charleston.—DISTRICT No. 1 held its annual meeting in the assembly room of the South Carolina Medical College on January 11 with a fine attendance. The District membership has increased about 40 per cent during the past year, due to the active interest taken by all alumnae. A nurses' registry was established in September, under the auspices of District No. 1 and is meeting with general approval and much success. It was determined to continue having two meetings a month, the second being a scientific meeting held in the evening on the fourth Thursday of each month. The January scientific meeting was given to the study of Parliamentary Law. The officers elected for 1923 are as follows: President, A. McConnell; vice-presidents, Belle O'Bryan, Agnes Coogan; secretary, A. J. Meyer, 297 Calhoun Street; treasurer, Mrs. J. H. Thomas. Spartanburg.—THE ALUMNAE ASSOCIATION OF THE GENERAL HOSPITAL held a regular meeting on January 16. Officers elected for 1923 are: President, Gay Williams; vice-president,

Lella Mitchell; secretary, Alice Pearson; treasurer, Peg Smith; journalist, Julia Connor; chairman Credential Committee, Mrs. A. C. Bennett.

TEXAS: El Paso.—THE GRADUATE NURSES' ASSOCIATION, DISTRICT 1 held its annual meeting December 19 and elected officers: President, Mary Butler; vice-presidents, Minnie Kerskie, Merle Hoffacher; recording secretary and treasurer, Helen Gibb; corresponding secretary, Vera Cove.

Utah: THE UTAH STATE NURSES' ASSOCIATION held its annual meeting at the Civic Center, Salt Lake City, January 13. The morning session was occupied with reports and an address by Mrs. Amy Brown Lyman of the L. D. S. Relief Society, on Cooperation between Nurses' Associations and Charity Organizations. Interesting features of the afternoon session were Community singing; address of welcome by Mayor C. Clarence Neulen; responses by Daphne Dalton, president of the State Association, Ray Moore, president of the T. N. T. Club, Mrs. Jessie C. Hammond of the Utah Public Health Association, Lydia Baird, City Board of Health. A short talk on Affiliation with Business Women's Clubs was given by Mrs. Elizabeth Corey. Attorney Carl A. Badger spoke on Association and Activities of Nurses. A round table was held, led by Elizabeth Pritchard. A dinner was enjoyed at the Civic Center at which toasts were given by presidents of alumnae associations. In the evening, after election of officers, an illustrated lecture was given on Utah's Scenery. Officers are: President, Daphne Dalton; vice-president, Claire Haines; secretary, Jane Rawlinson; assistant secretary, Dorothy Dobson; treasurer, Beatrice Smith.

Wisconsin: RIPON COLLEGE announces that arrangements have been made with the Columbia School for Nurses in Milwaukee, and the St. Agnes School for Nurses in Fond du Lac, whereby a student remaining in Ripon College for three years, taking an advised course and majoring in science, may transfer to either of these institutions and at the completion of two years in the School for Nurses, having met the requirements of both institutions, secure an appropriate college degree from Ripon College and also the nurse's diploma, Neenah.—Ellen Stewart is super-

intendent of the Theda Clark Hospital. Irene Withey is instructor. Milwaukee.—Stella Achley is educational director at the Milwaukee County Hospital. Janesville.—DISTRICT 2 has recently been organized. This step completes the districting of the state. The following officers were elected: President, Levina Dietrickson; vice-presidents, Mrs. L. A. Moore, Elizabeth Joyce; secretary, Anna Downey; treasurer, Hanna Quirk. The district comprises the following counties: Rock, Green, Lafayette, Jefferson, Southern Dodge, southern half of Waukesha and Walworth county pending. Headquarters will be in Janesville. Agnes Reid, state president, assisted at the organization and urged the nurses, now the legislature is in session, to take an interest in all measures pertaining to their work, especially the county nurses' bill. The Jefferson County nurses have organized an association by way of keeping up social interest. Meetings are held once a month and the evenings are thoroughly enjoyed. Occasionally special speakers are secured. DISTRICT 3 met January 16, at the Bradley Memorial nurses' home. Five new members were admitted and a social time enjoyed. The Madison General Hospital Alumnae Association attended a dinner at the Old Fashion Tea Shop in Madison. Mrs. Glicksman, secretary of the State Federation of Women's Clubs, gave an instructive talk of Parliamentary Procedure. Twenty-five members were present. DISTRICT 4 and 5 held its monthly meeting, January 9, at the Wisconsin Nurses' Club. Dr. I. S. Thompson, deputy health commissioner of Milwaukee, gave a splendid talk on The Nurse as a Factor in the Education of Public Health. He especially emphasized the fact that though today there are many organizations in which the public health nurse is active, because of coöperation and system there is no overlapping in the work. Adda Eldredge explained to the members that from now on all nurses practicing in the state as registered nurses who had not complied with the law would be held liable under that law; she also said that she felt it was the duty of all alumnae to insist on all their active members belonging to the district. ST. JOSEPH'S ALUMNAE were hostesses. The following counties have been added to the Fourth

and Fifth District: Ozaukee, Washington and the northern half of Waukesha. The Wisconsin Anti-tuberculosis Association enrolled twelve pupils in its public health course which commenced last month. THE SIXTH DISTRICT held a joint meeting with a public health conference conducted by Mrs. Mary P. Morgan, Director Public Health Nursing for the state. On January 6, at Neenah, thirty nurses met at luncheon at the Valley Inn Hotel, at which time a round table was held on public health problems. The regular business meeting followed in the city hall. Following is the programme: Relation of Chemistry in Dietetics, Sister Mary Agnes, Dietitian of St. Agnes Hospital, Fond du Lac; Voluntary Service in Public Health Work, Mary Dunwiddie, State Field Supervising Nurse; The Work of the Maternity and Public Health Centers, Mrs. Mary P. Morgan. Many prominent lay women were present for these talks. About sixty nurses attended and a very profitable and interesting day was spent.

#### BIRTHS

Birth, Marriage, and Death notices should be very plainly written, and dates should be given. Death notices of any date are published. Birth and Marriage notices are not published if more than four months past.

To Mrs. Irwin Slight (Mary Ambler, class of 1916, Abington Memorial Hospital, Abington, Pa.), a daughter, Virginia Margaret, January 20.

To Mrs. W. Hinton (Mildred Bowen, Mercy Hospital, Chicago), a daughter, December 25.

To Mrs. Samuel Brown Thomas (Evelyn Bretzler, class of 1917, University Hospital, Philadelphia), a son, Samuel Brown, Jr., January 30.

To Mrs. Harry R. Van Horne (Mary Caples, class of 1916, Sheppard-Pratt Hospital, Towson, Md.), a daughter, December 25.

To Mrs. Edmun Redding (Bernadette Cole, class of 1911, Altoona Hospital, Altoona, Pa.), a daughter, Kathleen Amanda, January 2.

To Mrs. Michael Keane (Isabella Collins, Union Hospital, Fall River, Mass.), a daughter, January 26.

To Mrs. Francis Pedrotty (Elizabeth

Cutson, Braddock General Hospital, Braddock, Pa.), a son, Francis, Jr., December 15.

To Mrs. A. R. Stevens (Mary Lane Davis, class of 1911, Presbyterian Hospital, New York City), a son, Alexander Raymond, Jr., November 4.

To Mrs. Paul Fuzy (Louise Fehr, class of 1916, Youngstown Hospital, Youngstown, O.), a son, Paul, Jr., in November.

To Mrs. Albert Parlak (Sue Galya, Braddock General Hospital, Braddock, Pa.), a son, Albert Michael, Jr., February 1.

To Mrs. Rodney Swift (Mary Hannon, Mercy Hospital, Chicago), a son, February 2.

To Mrs. James Palmer Smith (Retta L. Johnston, class of 1912, Youngstown Hospital, Youngstown, O.), a daughter, in January.

To Mrs. James R. Ryder (Mollie Lee, Union Hospital, Fall River, Mass.), a son, January 19.

To Mrs. Leslie E. Jones (Hilda Mann, class of 1920, University of Pennsylvania Hospital, Philadelphia), a daughter, January 5.

To Mrs. Joseph Brown (Anne Nemece, class of 1918, Lenox Hill Hospital, New York City), a daughter, February 2.

To Mrs. Tom Taylor (Neva Pickrell, class of 1921, Christ's Hospital, Topeka, Kas.), a daughter, Julia Louise, December 31.

To Mrs. Mark Irwin (Helen Rawalt, class of 1919, J. C. Proctor Hospital, Peoria, Ill.), a daughter, February 2.

To Mrs. Arthur Verick (Irene Sutton, class of 1919, Winona General Hospital, Winona, Minn.), a daughter, January 6.

To Mrs. John Tidebeck (Edna Vogel, class of 1914, Albany City Hospital, Albany, N. Y.), a daughter, December 25.

#### MARRIAGES

Mary F. Anderson (class of 1918, Presbyterian Hospital, Philadelphia), to Allen Laird, February 6.

Merdie Dell Bahner (class of 1913, Hahnemann Hospital, Philadelphia), to Lawrence H. Edwards, October 30. At home, Providence, R. I.

Enther Benson (Braddock General Hospital, Braddock, Pa.), to J. H. Shaffer, December 27.

Helen Brings (class of 1921, Allegheny General Hospital, Pittsburgh), to Paul Cummings, M.D., December 22. At home, Pittsburgh.

Dalores Burrell (class of 1920, St. Anthony's Hospital, Oklahoma City), to Warren T. Mayfield, M.D., December 23. At home, Norman, Okla.

Mary Cavanaugh (class of 1920, Saints Mary and Elizabeth Hospital, Louisville, Ky.), to Howard Garner, M.D. At home, Louisville.

Helen R. Cooke (House of Mercy, Pittsfield, Mass.), to Fred Roberts, M.D. At home, Pittsfield.

Hazel Cunningham (class of 1919, Allegheny General Hospital, Pittsburgh), to Chester E. Andrews, January 27. At home, Wilkesburg, Pa.

Thinecilla Duke (class of 1921), Creighton Memorial, St. Joseph's Hospital, Omaha, Neb.), to Raymond L. Traynor, M.D., January 2. At home, Omaha.

Clara Damon (Mercy Hospital, Chicago), to Charles Reynolds, February 7. At home, San Diego, Calif.

Agnes De Coursey (class of 1923, St. Mary's Hospital, Tucson, Ariz.), to Louis Young, December 23. At home, Tucson.

Pauline Dietz (class of 1914, St. John's Hospital, St. Paul, Minn.), to Harry Hartwell Woodworth, January 22. At home, Watertown, S. D.

Mildred Druet (class of 1919, Michael Reese Hospital, Chicago), to Clyde Johnson, December 30.

Mildred Dunbar, to Arthur David Davies, November 14. At home, Herkimer, N. Y.

Margaret Fahey (class of 1919, House of Mercy, Pittsfield, Mass.), to Clarence Billaudeau, in November. At home, Pittsfield.

Gertrude Felty (class of 1916, Lankenau Hospital, Philadelphia), to Lieut. Guy B. McArthur, December 14. At home, Philadelphia, Pa.

Edith L. Ferguson (class of 1912, Samaritan Hospital, Sioux City, Iowa), to Clyde E. Seymour, December 28.

Christine B. Forbes (House of Mercy, Pittsfield, Mass.), to George Noble, in December. At home, Pittsfield.

Marcia B. Foster (class of 1914, New

York Training School for Nurses), to Arch P. Harrison, January 23. At home, Portland, Ore.

**Jeannette Haeffner** (class of 1921, Madison General Hospital, Madison, Wis.), to R. J. Toepfer, January 6. At home, Madison.

**Astrid Helmer** (class of 1918, Mounds Park Hospital, St. Paul), to Rev. O. H. Gunnerfeldt, January 7. At home, New York City.

**Frances Margaret Houck** (class of 1921, University Hospital, Iowa City, Ia.), to H. L. Stanton, M.D., December 12. At home, Casper, Wyo.

**Gertrude Hummler** (class of 1920, Presbyterian Hospital, New York City), to Ralph Elliot Hedges, November 3.

**Atha Hungerford** (Columbia Hospital, Milwaukee), to Clarence Young, December 27. At home, Moston, Wisconsin.

**Mabel Hutchinson** (class of 1915, St. Joachim's Hospital, Watertown, N. Y.), to Alva Gates, December 23.

**Elsie Johnson** (class of 1916, Union Hospital, Terre Haute, Ind.), to D. Earl McDonald, December 23. At home, Indianapolis, Ind.

**Jennie Maye Jones** (class of 1922, Lincoln Sanitarium, Lincoln, Neb.), to Wells C. Jones, in December.

**Julia Jones** (University of Pennsylvania Hospital, Philadelphia), to E. Pierce Myers, January 16.

**Rebec Kearsley** (class of 1922, St. Luke's Hospital, New York), to Joseph Malcolm Bradfield, December 27.

**Philomena Kurath** (class of 1911, St. Vincent's Hospital, Portland, Ore.), to James Norman Dauthit, January 30. At home, The Dalles, Oregon. Miss Kurath was in overseas service for two years.

**Margaret Laudt** (class of 1922, Milwaukee County Hospital, Wauwatosa, Wis.), to A. C. Bloss, in December. At home, Denver, Colo.

**Ella McGovern** (Wisconsin Training School, Milwaukee), to James Stackable, January 14. At home, Gregory, Michigan.

**Viola Manning** (class of 1919, Saints Mary and Elizabeth Hospital, Louisville, Ky.), to J. Veneh, Nov 29.

**Lydia K. Masters** (University of Penn-

sylvania Hospital, Philadelphia), to J. Howard Barnes, January 16.

**Lorraine H. Meland** (class of 1913, Highland Hospital, Rochester, N. Y.), to John N. Fuller, U.S.N., January 6.

**Esther Miles** (class of 1921, St. Vincent's Hospital, Portland, Ore.), to J. Reynolds Kay, November 21. At home, San Francisco, Calif.

**Amy L. Morrison** (class of 1920, Union Hospital, Terre Haute, Ind.), to Earl C. Jones, December 30.

**Edith Partridge** (class of 1918, Butler Hospital, Providence, R. I.), to Leslie Read, January 17.

**Florence Ragon** (class of 1919, St. Anthony's Hospital, Oklahoma City), to Irving Colt, December 17. At home, Los Angeles.

**Lylah Rockwell** (class of 1921, Madison General Hospital, Madison, Wis.), to Joseph Duncan Smedberg, December 10. At home, Sacramento, California.

**Hedwig Rothig** (class of 1918, John Sealy Hospital, Galveston, Texas), to Charles Steding, February 3. At home, Galveston.

**Catherine A. Ryan** (class of 1911, Hahnemann Hospital, Rochester, N. Y.), to Peter Rogers, January 22. At home, Indian River, Ontario, Canada.

**Anna Fern Shinnabarger** (class of 1921, University Hospital, Iowa City, Ia.), to Clarence P. Phillips, M.D., December 27. At home, Chicago.

**Lavinia Slinn** (Union Hospital, Fall River, Mass.), to John M. Young, December 25.

**Elizabeth Southard** (class of 1914, Massachusetts Homeopathic Hospital, Boston), to Frank Sargent Taylor. At home, Winthrop, Mass.

**Earl E. Stevenson** (class of 1920, St. Vincent's Hospital, Birmingham, Ala.), to E. A. Browning, May 6, 1922. (Published at this late date, because a notice sent earlier was lost.)

**Mamie Weih** (class of 1918, University Hospital, Iowa City, Ia.), to Roland Dushinske, December 16. At home, Iowa City.

#### DEATHS

**Mrs. Alfred Hoff** (Merium Agnes Dyer, class of 1906, St. Luke's Hospital, St. Paul, Minn.), at her home in St. Paul, February 2.

**Mrs. Claude Walker** (Mabel Orlando

Fordham, class of 1912, Presbyterian Hospital, New York City), December 8, in Chicago. Mrs. Walker had served at the American Ambulance, Neuilly, France, and at Dr. Blake's Hospital in Paris until 1919.

Verna Franklin (class of 1918, General Hospital, Memphis, Tenn.), of appendicitis. Miss Franklin held a position at the General Hospital for two or three years.

Cornelia N. Happeruett (class of 1901, Presbyterian Hospital, Philadelphia, Pa.), suddenly, in Lock Haven, Pa., January 6. Burial was in Arlington Cemetery, Washington, D. C.

Mrs. Ella Jameson Brooks (Ella Jameson, class of 1902, Massachusetts Homeopathic Hospital, Boston, Mass.), January 7, at her home in Newton, Mass. Although Mrs. Brooks had been ill for nearly two years, her death came suddenly. She was a great favorite and her death will be keenly felt.

Lonna Kelsay (class of 1915, Battle Creek Sanitarium and Hospital School of Nursing), on January 14, as a result of an injury received January 12, while coasting. "In the midst of life we are in death." Her sudden death has given these words a new and significant meaning. At the time of her death she was at the head of the Hydrotherapy Department and was a member of the teaching staff. She has left a record of work well done and a gap which will be difficult to fill.

D. M. Macdonald of Brooklyn, N. Y., on November 27.

Margaret McLaren (class of 1894, Rochester General Hospital, Rochester, N. Y., died suddenly of cerebral hemorrhage at Warren, Pa., on January 30, after an illness of about one hour, being stricken while teaching a class of pupil nurses. Miss McLaren was born in Puslinch, Ontario, Canada. Soon after graduation she applied for and received naturalization papers. She served as Assistant Superintendent of the hospital in Ithaca, N. Y., and then as nurse in the Rochester Industrial

School. After a period of private nursing, she became Assistant Superintendent of the Bradford (Pa.), General Hospital. In June, 1912, Miss McLaren accepted the position of Assistant Superintendent in the Warren (Pa.) General Hospital and in September, 1913, became Superintendent. This position she held continuously until her death, except for four months during 1920, when ill health compelled her to resign. This rest enabled her to return in October, 1920, and resume her duties as Superintendent. Miss McLaren's earnest patriotism urged her to offer her services for war work but, after a stern struggle, she came to realize that adherence to the duty that lay nearest was the truer patriotism. At the time of her death, Miss McLaren was a member of the Rochester General Hospital Alumnae Association, the American Hospital Association, the Pennsylvania Hospital Association and was Chairman of the Legislative Committee, District No. 7, Pennsylvania. Miss McLaren's quiet dignity, calm self possession, high ideals, and faithful service combined to make her an executive of rare judgment, power and efficiency. In her passing, the Warren General Hospital has sustained an irreparable loss, and many friends sincerely mourn the passing of this sweet and noble woman. A short service was held at the Eliza I. Henry Nurses' Home, after which she was taken to Drumbo, Ontario, for burial.

Louise B. Mitchell, whose death was noted in the January *Journal*, graduated from Harbor Hospital, Bath Beach, in 1919. She was still very young, and of a lovely character. She died of heart failure following an operation, at the Warwick Hospital, Warwick, N. Y.

Mrs. Joseph Sterling (Lucile Nye, class of 1914, Christ's Hospital, Topeka, Kas.), at her sister's home in Topeka, January 3.

Grace A. Phelps (class of 1905, Massachusetts Homeopathic Hospital, Boston), on January 5, at her home in Arlington, Mass.

## BOOK REVIEWS

**MATERIA MEDICA FOR NURSES.** By A. S. Blumgarten, M.D. Third Edition. Revised. The Macmillan Company, New York. Price \$3.

This revision of *Materia Medica for Nurses*, like the others by the same author, is an excellent text book to have on hand. It seems always to contain desirable answers to the questions which arise among nurses, not only in practical work, but also during lectures and class time.

The introductory chapter is a most comprehensive one,—including not only definitions which a nurse should understand, but also the full description of the different classes of active principles of medicinal plants with an additional paragraph on Enzymes or Ferments and one describing Hormones. Like the second edition, this one also includes in the opening chapter a classified list of the most important drugs, a list which has been of considerable use to both instructors and pupils. The different types of drug action and the classification according to effects are also included.

To the chapter on alkalies, there has been added more material explaining the effects, uses, and methods of administration of that most commonly used alkali—sodium bicarbonate.

Because of the increased number of cases of poisoning from wood alcohol since the adoption of the Eighteenth Amendment, the additional notes on methyl or wood alcohol are especially timely.

There is also a description of papaverin and of benzyl benzoate. The latter in particular is now being used to

some extent in the treatment of spasm in involuntary muscles.

In the chapter on Local Anesthetics, there is additional material describing the action and more recent uses of magnesium sulphate.

Considerable material has been added to the chapter on organic remedies. Because of the increase in use of these substances obtained from the glands of animals in the treatment of diseases of the ductless glands as well as for other purposes, this information should be of much value.

As has been mentioned in the Preface, due to the World War, many drugs that were formerly manufactured abroad are now being made in the United States, but under different names: e. g., arsphenamine, previously called salvarsan;—both names are used in the new edition. Dakin's solution which was extensively used at that time is fully described.

It has been found in some instances that this amount of text is too lengthy to permit covering the study of *Materia Medica*, in the time allotted in some Schools of Nursing, but to both pupil nurses and instructors, a text book of this kind for ready reference is almost indispensable.

MABEL M. McVICKER, R.N.,  
*Boston, Mass.*

**DISEASES OF WOMEN.** By Harry S. Crossen, M.D., F.A.C.S., Clinical Professor of Gynecology, Washington University Medical School, St. Louis, Missouri. 1005 pages. C. V. Mosby Co., St. Louis, Mo. Price \$10.

If one had no other way of judging

the detail with which Dr. Crossen has treated his subject, a glance at the number of pages would indicate it. This is no manual for medical students, but an authority which may be consulted with profit by anyone seeking information on any phase of the subject, though intended primarily for use of those who are making this their special study.

A few lectures on Gynecology are usually given in our schools of nursing, sometimes in combination with Surgery, sometimes with Obstetrics and sometimes alone. There are no books for nurses, except those in which the subject is combined with one of the above, the proportion usually being nine-tenths Surgery or Obstetrics and one-tenth Gynecology.

Here is a book, well indexed, its chapters well outlined, containing ample illustrations, nine hundred and thirty-four as stated on the title page. It treats of important advances in X-ray and radium therapy and pathology in their relation to diagnosis and treatment of pelvic disorders. It states, and illustrates if possible, not only the particular treatment for each condition, but exactly how that treatment is to be carried out, even to the preparation of the poultices if such be desired. This book is one to which nurses may go for help concerning any specific question which may arise in regard to the anatomy and diseases of the female reproductive organs.

The chapters on Disturbances of Function, which consider the different phases of menstruation, The Internal Secretary Glands in Relation to Gynecology, and Other Organs in Relation to Gynecology, are of especial interest.

It is a valuable asset to a reference

library to have an authoritative and detailed work on each subject connected with our profession. This book seems to be at present, the best for Gynecology.

SUSIE A. WATSON, R.N.,  
Rochester, N. Y.

PERSONAL HYGIENE APPLIED. Jesse Feiring Williams, A.B., M.D. W. B. Saunders Company, Philadelphia. Price \$2.50.

The chief value of this book lies in the first four chapters. The reprinting of these chapters as a pamphlet for wide distribution would be of the greatest service; a finer statement of health, its ends, its relationships, would be hard to find. The spirit of these chapters is suggested by the following passage:

The art of fine living consists of the greatest intellectual development and the most worthy social service possible, without loss of power to continue the race adequately, to enjoy life fully, and to be a real source of happiness to others.

But why does the author then turn from his ably defined field of health to begin a discussion of various cures for disease? That negative aspect of the subject belongs to a book devoted to the regaining rather than to the building of health,—and that is another story. The whole spirit of the book is moderate, its information is up to date; it can be recommended without qualification for nurses. But the effect upon lay people of so thorough a discussion of the prevention of disease is doubtful. One regrets on their behalf that so few standards are set. In place of a long list of all possible examinations from a physician, some statement should be made of what may be expected from an

average physician in ascertaining whether or not a patient is in good condition. In other words, a standard should be set for normal urine, normal blood counts, etc., not as diagnostic of disease but of health.

The greatest deficiency in the book, however, is the inadequate treatment accorded the reproductive health of women. The underlying nutritional and nervous factors in the hygiene of menstruation are dismissed almost in a paragraph. So far as Dr. Williams discusses health, his viewpoint is fine; but in giving so much space to disease cure and disease prevention, he leaves one far from the magnificent goal of which his first four chapters gave a glimpse.

CAROLINE HEDGER, M.D.

*Chicago, Ill.*

**THE SETTLEMENT HORIZON.** By Robert A. Woods and Albert J. Kennedy. Russell Sage Foundation, New York. Price, \$3.

There is an almost overwhelming wealth of information in this closely written, carefully prepared book. Probably it could not be otherwise, as the settlement horizon has no fixed boundaries, no universal program. A Settlement aims to supply what is most needed in a particular community, and to give to its people every possible opportunity of improvement. In one district it may be education,—a better school system; in another, air space and sunshine; in another, industrial justice. At the point of the most conspicuous need the Settlement begins its work and reaches out into new avenues as the necessity becomes obvious or the opportunity arises. Hence, a book including a description of all of its mani-

fold activities would need to be a social encyclopaedia. In one great fact, all agree and that is that, whatever the particular form of endeavor, every true settlement aims to soften the lines of class distinction. It offers a place of common, unembarrassed meeting to rich and poor, to patrician and plebian. An epitome of this is expressed in what the authors have dubbed the "charter of the settlements":

Many have been the schemes of reform I have known but, out of eleven years of experience, I would say that none touches the root of evil which does not bring *helper and helped into friendly relations*. Vain will be higher education, music, art, or even the Gospel, unless they come clothed in the life of brother man—"it took the Life to make God known." Vain, too, will be sanitary legislations and model dwellings, unless the outcast are by friendly hands brought in, one by one, to habits of cleanliness and order, to thoughts of righteousness and peace.

*Journal* readers will wish to know how far sickness and health play a part. In the chapter on Health, the authors give us a concise survey of the relation between social work and the public health problem. The union of nursing and neighborhood work was first stamped in a clearly marked form when Miss Wald and Miss Brewster made a home for themselves amongst the tenement house dwellers of the lower east side of New York. Public attention was caught by the facts that were disclosed by these two inspired young nurses. Soon after there followed the appointment of public health nurses for the tuberculous, for school children, for infant welfare and baby clinics, for better maternity service, the control of midwifery and pre-natal supervision. A new door to home hygiene was thrown open when the Metropolitan Life

Insurance Company began sending nurses to visit sick policy holders. Settlements offered their houses for nurses' offices, first-aid rooms, and baby clinics. Many settlements found it necessary to add a visiting nurse to its corps of resident workers.

The most earnest efforts towards health and normal living may easily be thwarted by a too early entrance of children into industry, or by the employment of women under improper conditions or when they are already burdened by the care of a family. Home work is often more pernicious than factory work as the latter has the protection of state inspection. Homes and standards of living are so closely related to individual health as to be indivisible from them. The sanitary condition of shops where food is sold is a never ending battle ground for settlement workers. The expenditure of an income, controlled and affected by the standard of living, is as important as its size. So settlements have stimulated

standards by an example of simplicity and beauty in their houses, by demonstrations of household equipment, by art exhibits, and the like. Public Health nurses, working in districts where these things are offered, note the effect upon the people and welcome it.

These comments merely suggest the points in this book that are of especial interest to nurses and other health agents.

The book contains a fairly comprehensive bibliography of social authors, but the reader is referred to the "Handbook of Settlements" by the same authors for a more complete list of writers. It has an index that makes it easy to use the book when in search for information on any subject about which it treats. It should be on the shelves of every training school library and should be used as a standard reference book on social questions.

JANE ELIZABETH HITCHCOCK, R.N.,  
Lecturer on Public Health Nursing  
New York

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Reprints of a brief history of the development of public health nursing by Lavina L. Dock may be had from the National Organization for Public Health Nursing, 370 Seventh Avenue, New York. Price, 15 cents.

A series of articles on The Care and Feeding of Children is being published in the *Journal of the American Medical Association*, beginning in the issue for January 6, page 33. These articles are a summing up of the soundest, present-day knowledge on this subject; they take up the problems of breast feeding much more thoroughly than do most text-books; they are interestingly written and would form an excellent review of the subject for nurses long out of training. When the series is completed, reprints will be issued.

Best Sellers of 1922 (Non-fiction)

Outline of History, H. G. Wells—Macmillan  
Story of Mankind, Hendrick Van Loon—Boni and Severight  
Americanization of Edward Bok—Scribner  
Diet and Health, Lulu Hunt Peters—Reilly and See  
Mind in the Making, James Harvey Robinson—Harper  
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